



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract Number DTNH22-93-P-07484
Case Number DS1-93-AB-016

[REDACTED] 1993

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-93-P-07484
CASE NUMBER: DSI-93-AB-016

[REDACTED]

This two vehicle collision occurred on [REDACTED] 1992, a winter weekday, on an entrance ramp to an expressway in [REDACTED] New Jersey. The initial impact occurred when Vehicle 1 struck the rear end of Vehicle 2 with its front end. The second impact occurred with Vehicle 1 striking a guard rail on the right side of the ramp.

Vehicle 1, 1990 Lincoln Town Car Signature, was being driven northbound on the entrance ramp. The driver was a 61 year old female (case occupant) who was restrained by a lap and shoulder restraint. Vehicle 1 was traveling at a speed estimated to have been between 24 and 32 KPH (15 and 20 MPH).

Vehicle 2, 1983 Buick Regal Limited, was being driven northbound on the entrance ramp. Vehicle 2's travel speed is unknown because there was no inspection of Vehicle 2.

The initial impact between the two vehicles occurred as both vehicles were on the ramp to travel northbound on the expressway. The 1st impact occurred when the driver of Vehicle 1 lost control of her vehicle and Vehicle 1 struck the rear end of Vehicle 2. Vehicle 1 continued to move to the right side of the ramp and impacted a guard rail with the same general area that was damaged by the 1st impact. This type of damage is called masked damage and is treated as one impact when this damage is assigned a CDC or when developing up an estimated Delta V.

The Delta V for Vehicle 1 was computed as 18 KPH (11 MPH). Vehicle 1 was assigned a CDC of 12FZEW1 from photographs. The Delta V was derived by using the CDC extent zone for the crush profile and the impact with the guard rail (fixed object). This is borderline reconstruction because of the multiple impacts and using only a CDC for the crush profile.

The driver of Vehicle 1 (case occupant) sustained major burns to her face which equal an AIS of 3. The injury appears to have occurred when the supplemental restraint system deployed, from the collision with Vehicle 2. The driver was transported to an area hospital where she was treated and released.

The right front occupant reportedly sustained minor injury to an eye (contusion or abrasion) and the severity is unknown. The R/F occupant was transported to an area hospital where he was treated and released.

The driver and R/F occupant of Vehicle 2 reportedly sustained no injuries resulting from the collision.

Vehicle 1 was towed from the scene due to the injuries of the driver. Vehicle 2 was driven from the scene.

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-AB-016

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- A. Medical records**
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ACCIDENT DATA:

Location: [REDACTED], New Jersey
Area/Type: Urban/Commercial
Date/Time: Winter/Weekday
Accident Type: Car/Car, Car/Guard Rail

INJURY SEVERITY:

Vehicle 1: Driver, AIS-3
R/F Occupant, Reportedly sustained incapacitating injuries
Vehicle 2: Driver, No injuries
R/F Occupant, No injuries

AMBIENCE:

Viewing Conditions: No viewing restriction
Cloud Cover: Clear
Precipitation: Clear
Temperature: Unknown
Road Surface: Wet

Dynamic Science, Inc.
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ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	Entrance ramp to a northbound parkway, channelized	Entrance ramp to a northbound parkway, channelized
Width:	Not inspected	Not inspected
Traffic Density:	Reportedly moderate	Reportedly moderate
Median:	None	None
Edge:	Right side was a guard rail	Unknown
Surface:	Reportedly Asphalt	Reportedly Asphalt
Reported Defects:	None reported	None reported
Co-efficient of Friction (est.):	Unknown, Wet surface	Unknown, Wet surface
Vertical Alignment:	Reportedly level	Reportedly level
Horizontal Alignment:	Reportedly straight	Reportedly straight

Dynamic Science, Inc.
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Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	None	Yield sign
Speed Limit:	72 KPH (45 MPH)	72 KPH (45 MPH)
Markings:	Scene not inspected	Scene not inspected

Dynamic Science, Inc.
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VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1990 Lincoln Town Car Signature 4-door	1983 Buick Regal Limited 2-door
Odometer:	19,312 km (12,000 mi) Estimated by owner	Unknown (not inspected)
Engine:	5.0 L / V8	3.8 L / V6
Vehicle Modifications:	None	Unknown (not inspected)
Tire Condition:	Unknown at the time of collision	Unknown (not inspected)
Manual Restraints:	3-point lap and shoulder belts at the front seating positions and the left and right rear seating positions; 2-point lap belt at the center rear seating position	Unknown (not inspected)
Automatic Restraints:	Driver and passenger side supplemental restraint systems (airbags)	None per V.I.N.
Reported Defects:	None	Unknown (not inspected)
Cargo:	None	Unknown (not inspected)
Windshield Damage:	None	Unknown (not inspected)
Fleet:	None	None
Tow Status:	Towed due to driver's injuries	Driven from the scene

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VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 1
Object Struck:	Vehicle 2	Guard Rail (fixed object)
Event Number:	01	02
CDC:	N/A Masked damage	12FZEW1 (by photographs)
Maximum Crush:	Zone 1	Zone 1 (by photographs)

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 1
Impact Speed:	24 - 32 KPH (15 - 20 MPH)	16 - 24 KPH (10 - 15 MPH)
Total Delta V:	Not computed, the collision damage was masked by another impact with a fixed object (guard rail)	18 KPH (11 MPH)
Longitudinal Delta V:		-18 KPH (-11 MPH)
Lateral Delta V:		-3 KPH (- 2 MPH)
Energy Dissipation:		24178.4 joules (17830.7 ft/lbs)

Calculations based upon:	None	CRASH III PC - multiple impacts - borderline reconstruction - used vehicle vs. barrier with CDC only
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VEHICLE DAMAGE (con't):

VEHICLE 2

Object Struck: Vehicle 1
Event Number: 01
CDC: Not inspected
Maximum Crush: Not inspected

VEHICLE VELOCITY ESTIMATES:

VEHICLE 2

Impact Speed: Unknown
Total Delta V: Not computed, masked damage on Vehicle 1 and this vehicle was not inspected
Longitudinal Delta V: Unknown
Lateral Delta V: Unknown
Energy Dissipation: Unknown

Calculations based upon: None

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COLLISION SEQUENCE:

PRE-CRASH: This two vehicle collision occurred on a winter weekday, on an entrance ramp to an expressway in [REDACTED] New Jersey. The initial impact occurred when Vehicle 1 struck the rear end of Vehicle 2 with its front end (right half). The second impact occurred with Vehicle 1's right front corner striking a guard rail on the right side of the ramp.

Vehicle 1, 1990 Lincoln Town Car Signature, was being driven northbound on the entrance ramp. Vehicle 1 entered the ramp from an eastbound roadway. The driver was a 61 year old female (case occupant) who was restrained by the available 3-point manual lap and shoulder restraint. In the vehicle's right front seating position was a 29 year old male. The R/F occupant was reportedly restrained by the available 3-point manual lap and shoulder restraint. Vehicle 1 also has a driver and passenger side Supplemental Restraint System (SRS) available in the vehicle. Vehicle 1 was traveling at a speed estimated to have been between 24 and 32 kilometers per hour (15 and 20 MPH).

Vehicle 2, 1983 Buick Regal Limited, was being driven northbound on the entrance ramp. Vehicle 2 entered into a channelized lane of the ramp from a westbound roadway. The travel speed of Vehicle 2 is unknown because there was no inspection of Vehicle 2.

The initial impact between the two vehicles occurred as both vehicles were on the ramp to travel northbound on the expressway. Vehicle 2 was merging into a through travel lane of the ramp in front of Vehicle 1 at the time of the collision. The 1st impact occurred when the driver of Vehicle 1 lost control of her vehicle and Vehicle 1 struck the rear end of Vehicle 2. Vehicle 1 continued to move to the right side of the ramp and impacted a guard rail with the same general area of the frontal plane that was damaged by the 1st impact. This type of damage is called masked damage and is treated as one impact when this damage is assigned a CDC or when developing an estimated Delta V.

CRASH: The estimated Delta V for Vehicle 1 was computed using CRASH III PC (fixed barrier algorithm), as 18 kilometers per hour (11 MPH). Vehicle 1 was assigned a Collision Deformation Classification (CDC) of

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12FZEW1 from the available photographs. The Delta V was calculated by using the CDC extent zone for the crush profile and the impact with the guard rail (fixed object). This is borderline reconstruction because of the multiple impacts and using only a CDC for the crush profile.

POST CRASH: Vehicle 1 reportedly came to a final rest position against the guard rail on the right side of the ramp. Vehicle 2's final rest position is unknown.

DRIVER KINEMATICS:

The 61 year old female driver of Vehicle 1 (case occupant) was seated in an upright seated position with the seat adjusted forward of center because of her short stature. The driver was restrained by the available manual 3-point lap and shoulder restraint. The case occupant is 155 centimeters (61 in) in height and her weight was unavailable. At impact, the case occupant continued forward toward the principle direction of force of the impact. The impact with Vehicle 2 deployed the supplemental restraint system (the driver side air bag). The deployment of the air bag appears to have been restricted by the driver's seating position and her forward movement at impact. This did not allow the air bag to deploy properly and the nitrogen gas that inflates the bag was forced out the vent holes located in the rear of the bag at approximately the eleven and five o'clock positions. This occurrence resulted in the case occupant receiving burns on her face and right wrist. The medical report states that the burns can be attributed to chemical contact.

The driver also received injuries to her right eye. The eye injury probably occurred when she contacted the steering wheel and the lens from the glasses that she was wearing broke out of the frame and injured her eye.

AIRBAG SYSTEM:

The case vehicle, a 1990 Lincoln Town Car Signature, was equipped with Supplemental Restraint Systems (driver and passenger side air bags). The SRS deployed as a result of a frontal impact with the rear end of a 1983 Buick Regal Limited.

An inspection was conducted by Dynamic Science approximately ten months after the collision occurred. The driver air bag was found to be intact and there was no damage to the bag. The SRS was vented by two ports located on the back side of the bag. The ports were located at 11

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o'clock and 5 o'clock positions. The air bag contained 7 vertical fold points and 4 horizontal fold points with reference to the top of the air bag. The air bag measured 63 centimeters (24.8 in) in diameter. The following sequence of numbers and letters were found on the driver side SRS:

(Re: photo #19 / air bag)



(Re: photos #24-27 / module)



(Re: photo #29-31 / sensors)



The passenger's side air bag was found intact and with no damage to the bag. The passenger's side SRS (air bag) measured 65 centimeters (25.6 in) across and 60 centimeters (23.6 in) in depth. The following sequence of numbers and letters were found on the passenger's side SRS:

(Re: photo #34 / air bag)

 (I is red in color)

(Re: photo #38 / module)



SCENE CLEARANCE:

The driver of Vehicle 1 (case occupant) sustained major burns to her face which equal to AIS-3. The injury appears to have occurred when the supplemental restraint system deployed, from the collision with Vehicle 2. The driver was transported to an area hospital where she was treated and released.

The right front occupant reportedly sustained a minor injury to an eye (contusion or abrasion) and the severity is unknown. The R/F occupant was transported to an area hospital where he was treated and released.

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The driver and R/F occupant of Vehicle 2 reportedly sustained no injuries as a result of the collision.

Vehicle 1 was towed from the scene due to the injuries of the driver.
Vehicle 2 was driven from the scene.

SAFETY STANDARDS:

No violations of the Federal Motor Vehicle Safety Standards were found during vehicle inspection.

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DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER	OCCUPANT 2
Age/Sex:	61 Yrs. / Female	29 Yrs. / Male
Seated Position:	Left Front	Right Front
Seat Type:	Split bench with separate back cushions	Split bench with separate back cushions
Height:	155 cm (61 in)	163 cm (64 in)
Weight:	Unavailable	53 kg (117 lbs)
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	None	Unknown
Alcohol/Drug Involvement:	None	N/A
Driving Experience:	45 years	N/A
Body Posture:	Upright normal posture	Upright normal posture
Hand Position:	Both on steering wheel	Unknown
Foot Position:	Unknown	Both on floor
Restraint Usage:	3-point manual lap and shoulder belt and a supplemental restraint system (air bag)	3-point manual lap and shoulder belt and a supplemental restraint system (air bag)
Additional Occupants:	One	None

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

	DRIVER	OCCUPANT 2
Age/Sex:	47 Yrs. / Female	68 Yrs. / Female
Seated Position:	Left Front	Left Front
Seat Type:	Unknown (not inspected)	Unknown (not inspected)
Height:	Unknown (no interview)	Unknown (no interview)
Weight:	Unknown	Unknown
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol/Drug Involvement:	Unknown	Unknown
Driving Experience:	Unknown	N/A
Body Posture:	Unknown	Unknown
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	Reportedly lap and shoulder belt	Reportedly lap and shoulder belt
Additional Occupants:	One	None

**Dynamic Science, Inc.
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INJURIES:

Vehicle 1

	INJURY	OIC	ICD-9	SOURCE
DRIVER	Extensive burns to the entire face (chemical burns); forehead, cheeks, eyelids and chin	292010.3,0	941.39	Air bag exhaust gases
	Large corneal abrasion on the right eye	240602.1,1	918.1	Steering wheel with lens of glasses contacting the eye
	Abrupt vitreous (gel of the eye) retractions with intermittent attacks of "flashes of light" which disturb the vision	241699.1	918.9	Steering wheel with lens of glasses contacting the eye
	Contusion, left side of neck	390402.1,2	920	Air bag
	Burn, right wrist	792006.1,1	944.07	Air bag exhaust gases
R/F OCCUPANT	Reportedly sustained incapacitating injuries to eye (contusion or abrasion) unknown severity			

Vehicle 2

DRIVER	Reportedly no injuries
R/F OCCUPANT	Reportedly no injuries

Abbreviations Used In Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

COLLISION MEASUREMENTS

Case Number DSI-93-AB-016

Reference Point: N/A

Reference Line: N/A

DATA POINT	LONGITUDINALS	LATERALS
THE SCENE WAS NOT INSPECTED / REMOTE STYLE OF CASE		

PHOTO INDEX

Case No. DSI-93-AB-016

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-7	V1	CW	Exterior views, Vehicle 1 (after repairs on vehicle)
8-15	V1	--	Interior views, Vehicle 1
16-28	V1	--	Supplemental Restraint System (SRS), Vehicle 1, driver side
29-31	V1	--	Supplemental Restraint System sensors, Vehicle 1
32-39	V1	--	Supplemental Restraint System (SRS), Vehicle 1, passenger side
40-42	V1	--	Exterior views, Vehicle 1 (damage from collision)
43-44	V1	--	Interior views, Vehicle 1, depicts SRS locations prior to repair
45-51	V1	--	Views of injuries of the driver of Vehicle 1 resulting from collision



















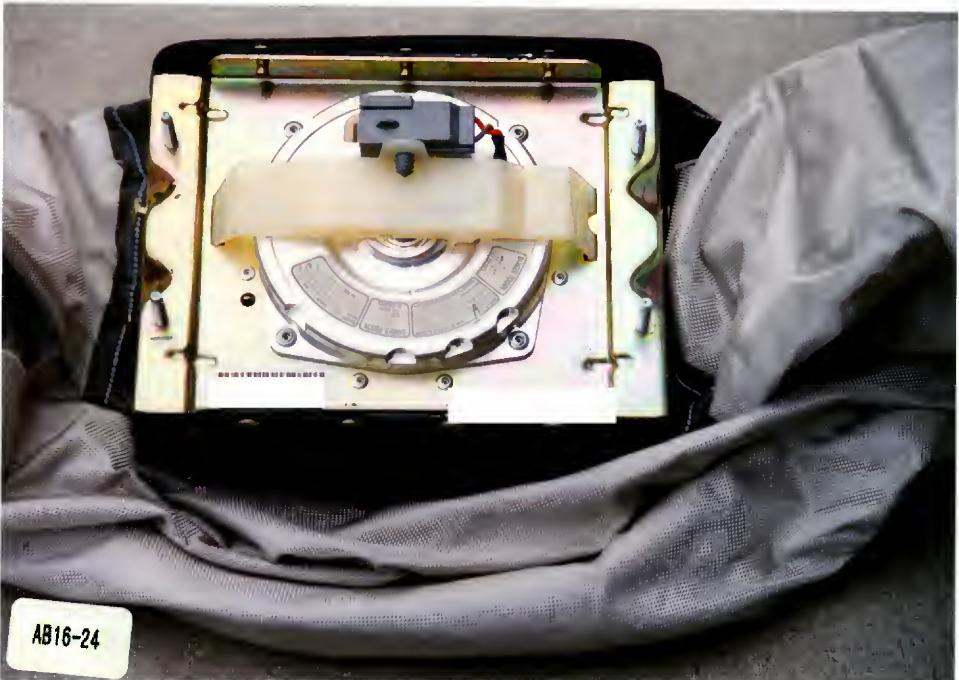


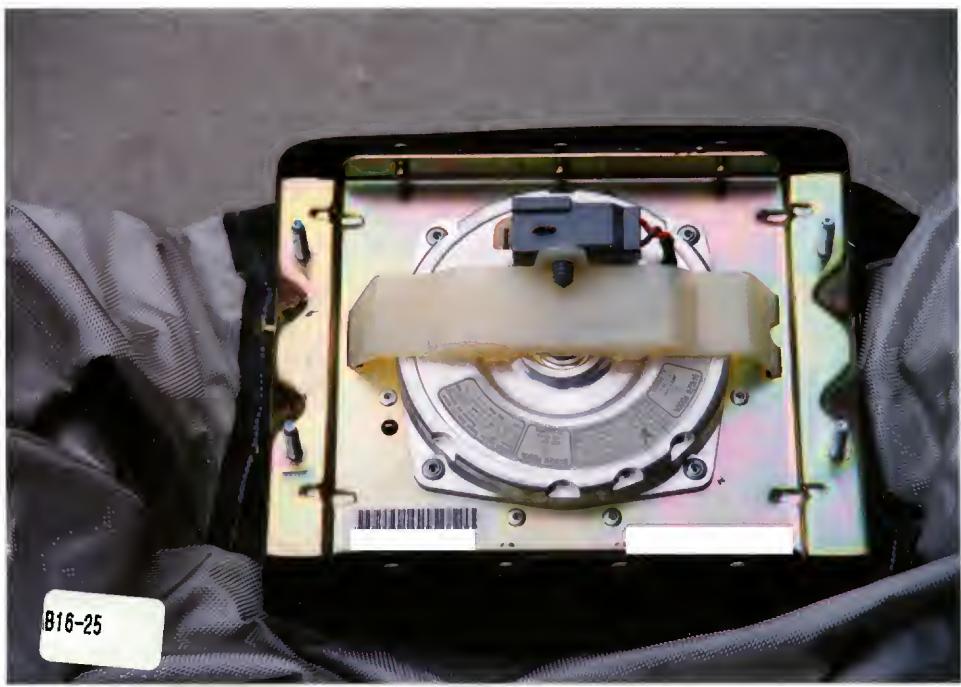


AB16-23

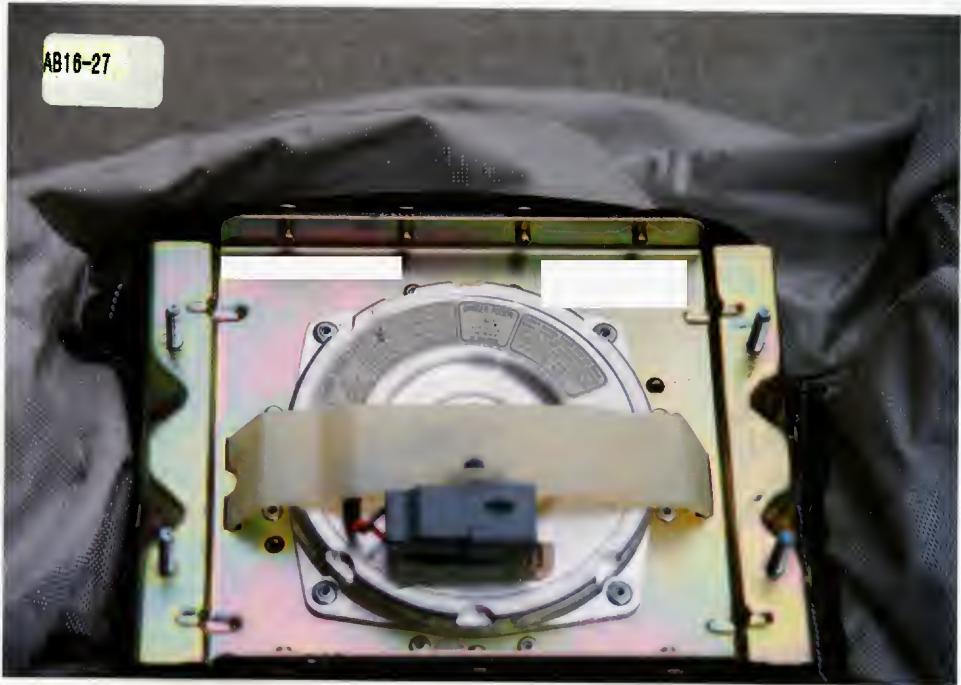


AB16-24



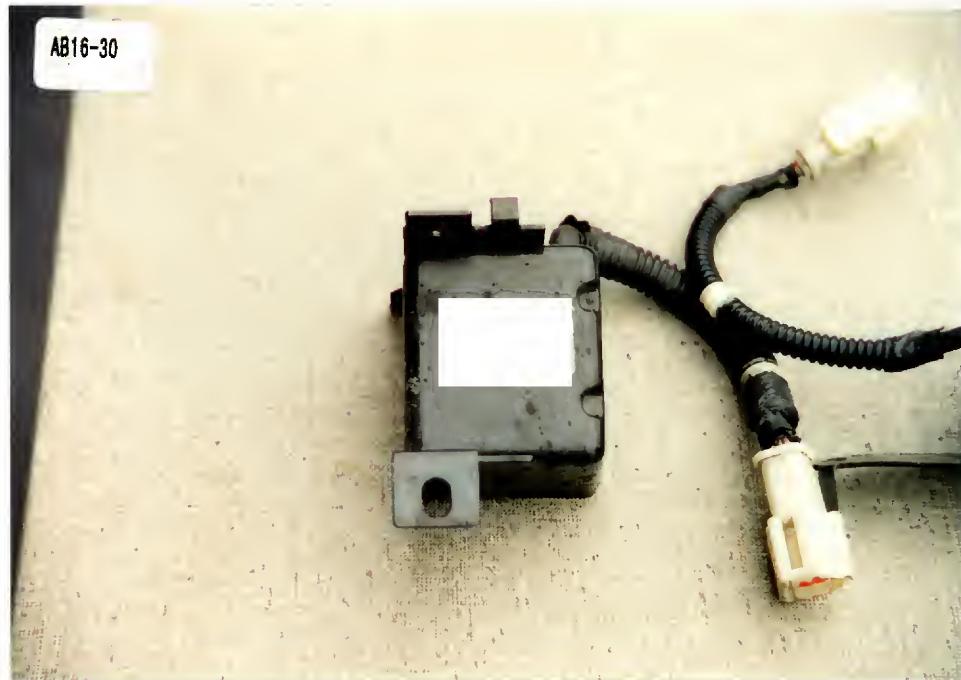
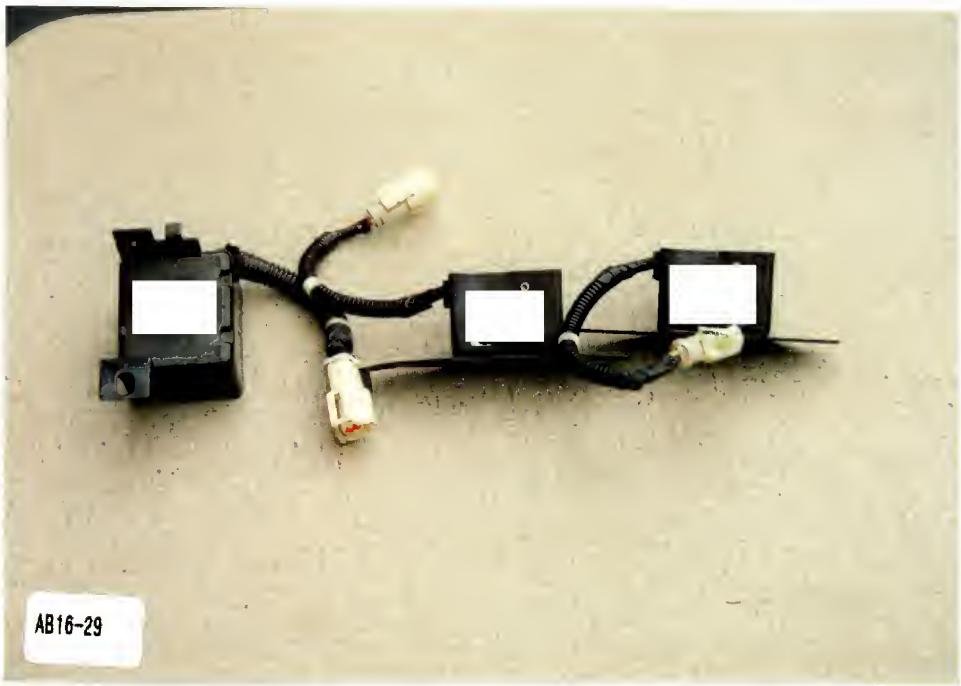


AB16-27



AB16-28





AB16-31



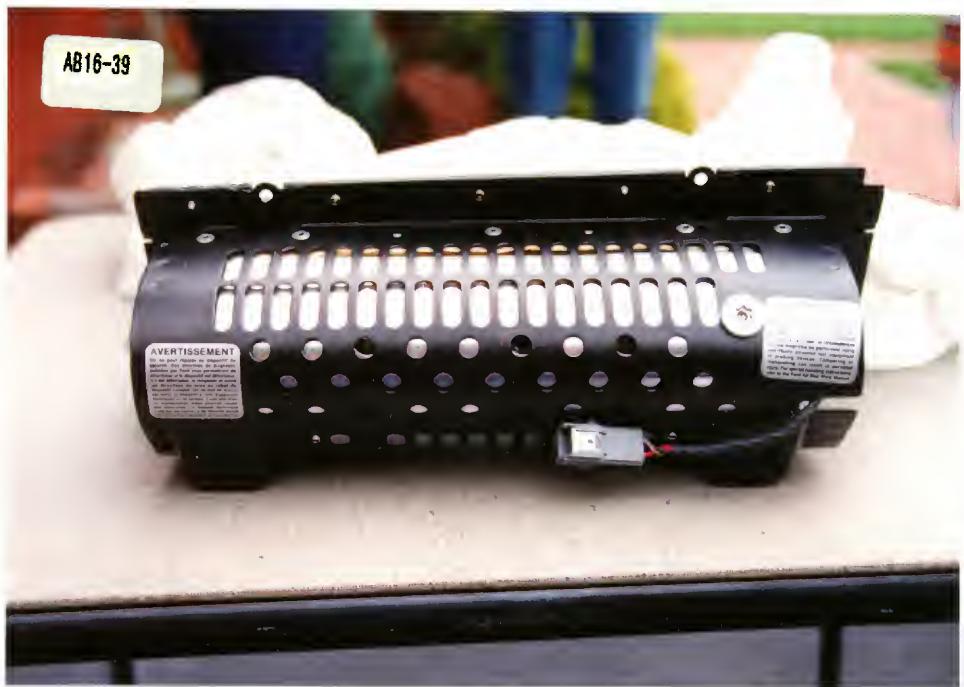
AB16-32















“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photo # 45-51

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE COPY

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-016

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01

4. Date of Accident (Month, Day, Year) WINTER WEEKDAY 9 2

5. Time of Accident AFTERNOON

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS14 Fatal AOPS 0

7. SS15 Administrative Use 0

8. SS16 _____ 0

9. SS17 _____ 0

10. SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 5</u>	15. <u>F</u>	16. <u>0 2</u>	17. <u>0 3</u>	18. <u>B</u>
19. <u>0 2</u>	20. <u>0 1</u>	21. <u>0 5</u>	22. <u>F</u>	23. <u>5 6</u>	24. <u>0 0</u>	25. <u>0</u>
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE	CODES FOR GENERAL AREA OF DAMAGE (GAD)
(00) Not a motor vehicle	
(01) Subcompact/mini (wheelbase < 254 cm)	
(02) Compact (wheelbase ≥ 254 but < 265 cm)	
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)	
(04) Full size (wheelbase ≥ 278 but < 291 cm)	
(05) Largest (wheelbase ≥ 291 cm)	
(09) Unknown passenger car size	
(11) Compact utility vehicle	
(12) Large utility vehicle (\leq 4,500 kgs GVWR)	
(13) Passenger van (\leq 4,500 kgs GVWR)	
(14) Other van (\leq 4,500 kgs GVWR)	
(15) Pickup truck (\leq 4,500 kgs GVWR)	
(18) Other truck (\leq 4,500 kgs GVWR)	
(19) Unknown light truck type	
(20) School bus	
(21) Other bus	
(22) Truck (> 4,500 kgs GVWR)	
(23) Tractor without trailer	
(24) Tractor-trailer(s)	
(25) Motored cycle	
(28) Other vehicle	
(99) Unknown	
CDS APPLICABLE AND OTHER VEHICLES	TDC APPLICABLE VEHICLES
(O) Not a motor vehicle	(O) Not a motor vehicle
(N) Noncollision	(N) Noncollision
(F) Front	(F) Front
(R) Right side	(R) Right side
(L) Left side	(L) Left side
(B) Back	(B) Back of unit with cargo area (rear of trailer or straight truck)
(T) Top	(D) Back (rear of tractor)
(U) Underrcarriage	(C) Rear of cab
(9) Unknown	(V) Front of cargo area
	(T) Top
	(U) Underrcarriage
	(9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post (> 10 cm but \leq 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): GUARDRAIL

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>DSI-93-AB-016</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u></p> <ul style="list-style-type: none"> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>90</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>LINCOLN</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>TOWN CAR / SIGNATURE</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1LNLm82F5LYXXXXXX</u> Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p>	<p>12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: <u>PAR</u></p>
ACCIDENT RELATED	
<p>13. Speed Limit <u>072</u> (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown</p> <p><u>45</u> mph X 1.6093 = <u>072</u> kph</p>	
<p>14. Attempted Avoidance Maneuver <u>01</u></p> <ul style="list-style-type: none"> (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): <u>(99) Unknown</u> 	
<p>15. Accident Type <u>24</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <u>(99) Unknown</u></p>	
OFFICIAL RECORDS	
<p>9. Police Reported Vehicle Disposition <u>1</u></p> <ul style="list-style-type: none"> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown <p>10. Police Reported Travel Speed <u>999</u> Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper

- (33) Convertible pickup

- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):

(89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle
 (0) Driver not present
 (1) Driver present
 (9) Unknown

1

17. Number of Occupants This Vehicle
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

∅ 2

18. Number of Occupant Forms Submitted

∅ 2

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

1, 8 3 0

$$\cancel{\emptyset} \cancel{4} \cancel{\cdot} \cancel{2} \cancel{6} \text{ lbs} \times .4536 = \cancel{1} \cancel{.8} \cancel{3} \cancel{\emptyset} \text{ kgs}$$

Source: _____

20. Vehicle Cargo Weight
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

∅, ∅ ∅ 0

$$\text{_____ lbs} \times .4536 = \text{_____ kgs}$$

RECONSTRUCTION DATA

21. Towed Trailing Unit
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown

∅

22. Documentation of Trajectory Data for This Vehicle
 (0) No
 (1) Yes

∅

23. Post Collision Condition of Tree or Pole (For Highest Delta V)
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

∅

24. Rollover

- (0) No rollover (no overturning)

∅*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

∅

26. Rear Override/Underride (this Vehicle)

∅

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

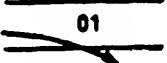
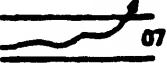
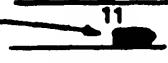
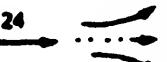
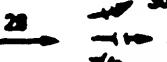
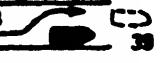
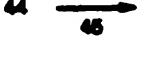
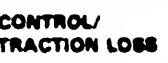
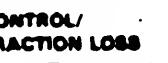
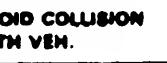
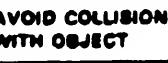
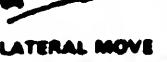
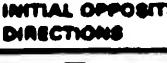
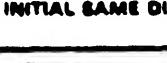
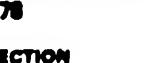
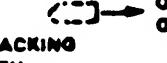
Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle

9 9 8

28. Heading Angle For Other Vehicle

9 9 8

Category	Config. uration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure				04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure				09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact					15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Traffic-way Same Direction	D Rear-End	 STOPPED 21, 22, 23	 SLOWER 25, 26, 27	 DECEL. 28, 29, 31	 30 29 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact					(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle				(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Traffic-way (Opposite Direction)	G Head-On		(EACH • 52) SPECIFICS OTHER		(EACH • 53)		SPECIFICS UNKNOWN
	H Forward Impact					(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle		(EACH • 66) SPECIFICS OTHER		(EACH • 67)		SPECIFICS UNKNOWN
IV Change Traffic-way Vehicle Turning	J Turn Across Path					(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path					(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths				(EACH • 89) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.		93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p style="text-align: center;">Secondary Highest + +</p> <p>32. Lateral Component of Delta V <u>0 0 0 3</u></p> <p><u>-3.1</u> Nearest kph _____</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p> <p>33. Energy Absorption <u>0 2 4, 2 0 0</u></p> <p><u>2478.4</u> Nearest 100 joules _____</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>4</u></p> <ol style="list-style-type: none"> (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
<p>COMPUTER GENERATED DELTA V</p> <p>Secondary Highest + +</p> <p>30. Total Delta V <u>0 1 8</u></p> <p><u>17.9</u> Nearest kph _____</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V <u>0 0 1 8</u></p> <p><u>-17.6</u> Nearest kph _____</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p>	<p>35. Type of Vehicle Inspection <u>2</u></p> <ol style="list-style-type: none"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): <u>REPAIR INSPECTION + PHOTOGRAPHS</u> <p>36. Is this an AOPS Vehicle? <u>1</u></p> <ol style="list-style-type: none"> (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence
 (0) No other drugs present
 (1) Yes (other drug present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Drug Evaluation Classification Ø
 (DEC) Test For Driver
 (0) No DEC process available or given
 (1) DEC process given, results known
 (2) DEC process given, results unknown
 (3) DEC process available, unknown if given
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):
(7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object ContactedØ Ø**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**Ø

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial RollØ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**Ø 1

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event Ø 9*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver Ø

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) Ø

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



INTERIOR VEHICLE FORM

GLAZING

Glazing Damage from Impact Forces

15. WS 16. LF 17. RF 18. LR 19. RR
20. BL 21. Roof 22. Other

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 24. LF 25. RF 26. LR 27. RR
28. BL 29. Roof 30. Other

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 32. LF 33. RF 34. LR 35. RR
36. BL 37. Roof 38. Other

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify): _____
- (9) Unknown

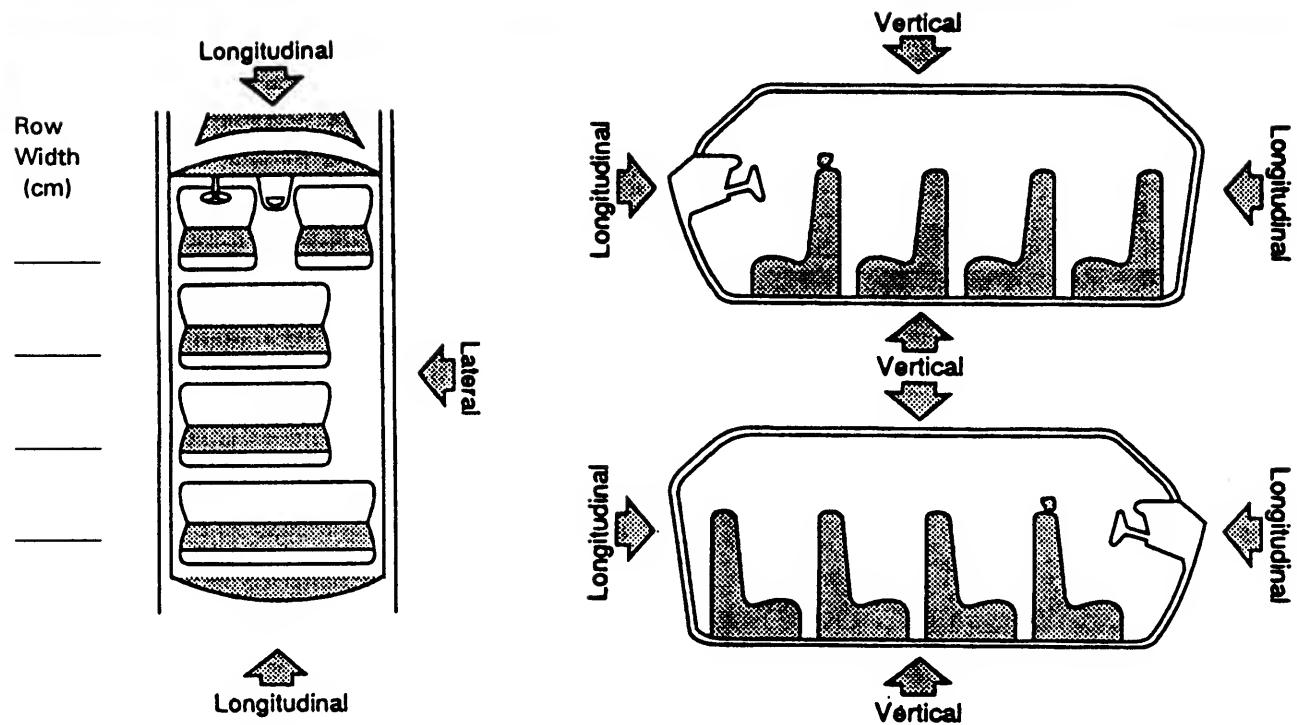
Window Precrash Glazing Status

39. WS 40. LF 41. RF 42. LR 43. RR
44. BL 45. Roof 46. Other

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



Document no more than the 15 most severe intrusions

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are In Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

∅	-	∅	=	∅
∅	-	∅	=	∅
∅	-	∅	=	∅
∅	-	∅	=	∅

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat	Fourth Seat
(11) Left	(41) Left
(12) Middle	(42) Middle
(13) Right	(43) Right
Second Seat	(97) Catastrophic
(21) Left	(98) Other enclosed area (specify)
(22) Middle	
(23) Right	
Third Seat	(99) Unknown
(31) Left	
(32) Middle	
(33) Right	

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

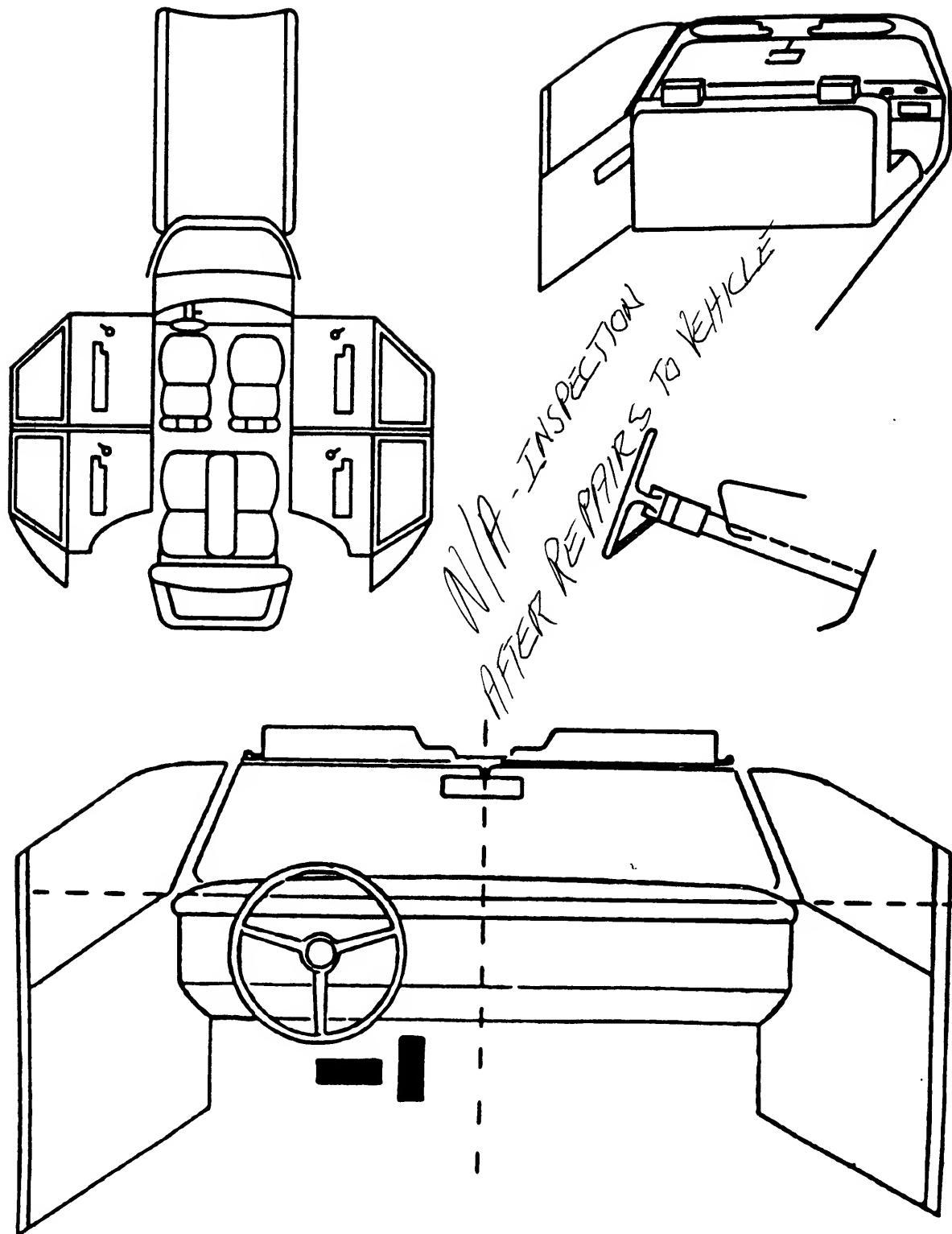
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other ennotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT	(01) Windshield	(23) Left B-pillar	(46) Other occupante (specify):
	(02) Mirror	(24) Other left pillar (specify):	(47) Interior loose objects
	(03) Sunvisor	(25) Left side window glass or frame	(48) Child safety seat (specify):
	(04) Steering wheel rim	(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(49) Other interior object (specify):
	(05) Steering wheel hub/spoke		
	(06) Steering wheel (combination of codes 04 and 05)	(27) Other left side object (specify):	
	(07) Steering column, transmission selector lever, other attachment	(28) Left side window sill	
	(08) Add on equipment (e.g., CB, tape deck, air conditioner)		
	(09) Left instrument panel and below		
	(10) Center instrument panel and below		
	(11) Right instrument panel and below		
	(12) Glove compartment door		
	(13) Knee bolster		
	(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)		
	(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)		
	(16) Driver side air bag compartment cover		
	(17) Passenger side air bag compartment cover		
	(18) Windshield reinforced by exterior object (specify): _____		
	(19) Other front object (specify): _____		
LEFT SIDE	(20) Left side interior surface, excluding hardware or armrests		
	(21) Left side hardware or armrest		
	(22) Left A (A1/A2)-pillar		
RIGHT SIDE	(30) Right side interior surface, excluding hardware or armrests		
	(31) Right side hardware or armrest		
	(32) Right A (A1/A2)-pillar		
	(33) Right B-pillar		
	(34) Other right pillar (specify):		
	(35) Right side window glass or frame		
	(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.		
	(37) Other right side object (specify):		
	(38) Right side window sill		
INTERIOR	(40) Seat, back support		
	(41) Belt restraint webbing/buckle		
	(42) Belt restraint B-pillar attachment point		
	(43) Other restraint system component (specify): _____		
	(44) Head restraint system		
	(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)		
CONFIDENCE LEVEL OF CONTACT POINT	(1) Certain		
	(2) Probable		
	(3) Possible		
	(9) Unknown		

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	/
	Deployment	/	/
	Failure	/	/

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

No.-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	∅	∅
	Use	∅	∅
	Type	∅	∅
	Proper Use	∅	∅
	Failure Modes	∅	∅

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): _____

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	Ø	4
	Use	Ø4	ØØ	Ø4
	Failure Modes	1	Ø	1
S E C O N D	Availability	4	3	4
	Use	ØØ	ØØ	ØØ
	Failure Modes	Ø	Ø	Ø
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used
2. Child Safety Seat Orientation
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation
 - Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation
 - Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation
 - (99) Unknown if child safety seat used
3. Child Safety Seat Harness Usage
4. Child Safety Seat Shield Usage
5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat
 - Not Designed with Harness/Shield/Tether
 (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used
 - Designed With Harness/Shield/Tether
 (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used
 - Unknown If Designed With Harness/Shield/Tether
 (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used
6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)
-
-
-
-

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	∅	3
	Seat Type	∅6	∅∅	∅6
	Seat Performance	/	∅	/
	Seat Orientation	/	∅	/
S E C O N D	Head Restraint Type/Damage	∅	∅	∅
	Seat Type	∅3	∅3	∅3
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other Specify:

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [X] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No [X] Yes []

Describe entrapment mechanism:

Component(s): _____

(Note in vehicle interior diagram)



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	_____	3. Vehicle Number	<u>Ø 1</u>
2. Case Number - Stratum	<u>DSI-93-AB-Ø16</u>		

VEHICLE IDENTIFICATION

VIN 1LNLM82F5LY***** Model Year 90

Vehicle Make (specify): LINCOLN

Vehicle Model (specify): TOWN CAR HATCH

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
Ø1	RIGHT FRONT CORNER	N/A

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

ORIGINAL SPECIFICATIONS WORK SHEET

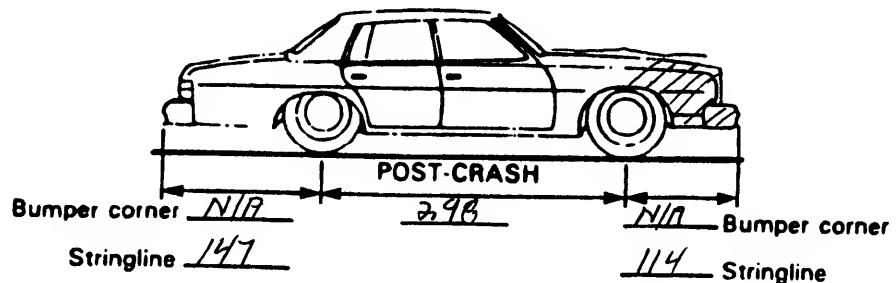
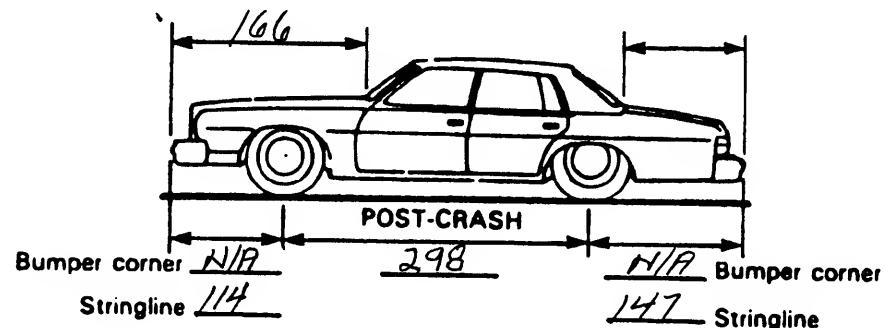
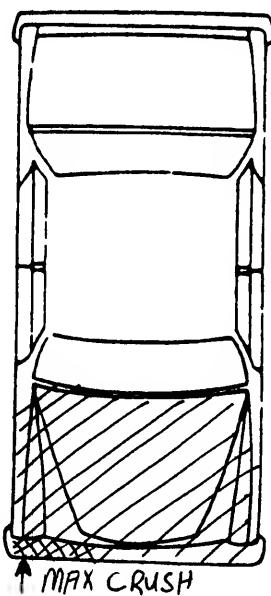
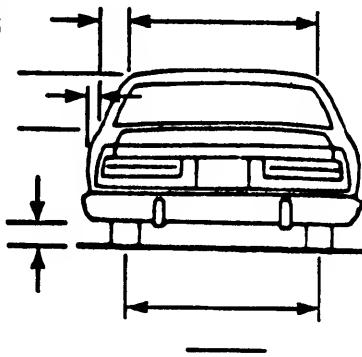
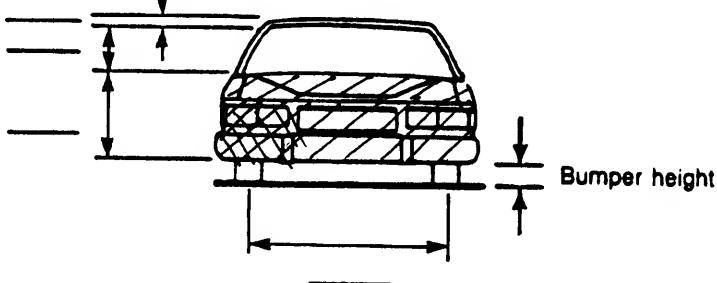
Wheelbase	<u>1</u> <u>1</u> <u>7</u> . <u>3</u>	inches x 2.54 =	<u>2</u> <u>9</u> <u>8</u> cm
Overall Length	<u>2</u> <u>3</u> <u>Φ</u> . <u>1</u>	inches x 2.54 =	<u>5</u> <u>5</u> <u>9</u> cm
Maximum Width	<u>Φ</u> <u>7</u> <u>8</u> . <u>3</u>	inches x 2.54 =	<u>1</u> <u>9</u> <u>9</u> cm
Curb Weight	<u>Φ</u> <u>4</u> , <u>Φ</u> <u>2</u> <u>6</u>	pounds x .4536 =	<u>1</u> , <u>8</u> <u>3</u> <u>Φ</u> kg
Average Track	<u>Φ</u> <u>6</u> <u>3</u> . <u>1</u>	inches x 2.54 =	<u>1</u> <u>6</u> <u>Φ</u> cm
Front Overhang	<u>Φ</u> <u>4</u> <u>4</u> . <u>9</u>	inches x 2.54 =	<u>1</u> <u>1</u> <u>4</u> cm
Rear Overhang	<u>Φ</u> <u>5</u> <u>7</u> . <u>9</u>	inches x 2.54 =	<u>1</u> <u>4</u> <u>7</u> cm
Undeformed End Width	<u>N/A</u> . <u> </u>	inches x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>5</u> <u>Φ</u> <u>Φ</u> <u>Φ</u>	cc x .001 =	<u>5</u> . <u>Φ</u> L
	<u>3</u> <u>Φ</u> <u>5</u>	CID x .0164 =	<u>5</u> . <u>Φ</u> L

VEHICLE DAMAGE SKETCH

TIRE-WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated		ORIGINAL SPECIFICATIONS	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
RF _____ LF _____ RR _____ LR _____	RF _____ LF _____ RR _____ LR _____	Wheelbase <u>298</u> cm Overall Length <u>559</u> cm Maximum Width <u>199</u> cm Curb Weight <u>1830</u> kg Average Track _____ cm Front Overhang <u>114</u> cm Rear Overhang <u>147</u> cm Undeformed End Width <u>N/A</u> cm Engine Size: cyl./displ. <u>5.0</u> L	RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees
(1) Yes (2) No (8) NA (9) Unk.		DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Approximate Cargo Weight <u>0</u> kg	

"PHOTOGRAPHS"

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

(57) Fence

Noncollision

(58) Wall

(31) Overturn — rollover

(59) Building

(32) Fire or explosion

(60) Ditch or culvert

(33) Jackknife

(61) Ground

(34) Other intraunit damage (specify):

(62) Fire hydrant

(35) Noncollision injury

(63) Curb

(38) Other noncollision (specify):

(64) Bridge

(39) Noncollision — details unknown

(68) Other fixed object (specify):

Collision With Fixed Object

(69) Unknown fixed object

(41) Tree (\leq 10 cm in diameter)

Collision with Nonfixed Object

(42) Tree ($>$ 10 cm in diameter)

(71) Motor vehicle not in-transport

(43) Shrubbery or bush

(72) Pedestrian

(44) Embankment

(73) Cyclist or cycle

(45) Breakaway pole or post (any diameter)

(74) Other nonmotorist or conveyance

Nonbreakaway Pole or Post

(75) Vehicle occupant

(50) Pole or post (\leq 10 cm in diameter)

(76) Animal

(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)

(77) Train

(52) Pole or post ($>$ 30 cm in diameter)

(78) Trailer, disconnected in transport

(53) Pole or post (diameter unknown)

(88) Other nonfixed object (specify):

(54) Concrete traffic barrier

(89) Unknown nonfixed object

(55) Impact attenuator

(98) Other event (specify):

(56) Other traffic barrier (includes guardrail)
(specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
Ø 1	Ø 2	9 9 9	9 9	9	9	9	9	9 9
Ø 2	5 6	Ø Ø 5	Ø Ø	F	Z	E	W	Ø 1
-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ø 2</u>	5. <u>5 6</u>	6. <u>1 2</u>	7. <u>E</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Ø 1</u>

Second Highest Delta "V"

12. Ø 1 13. Ø 2 14. 9 9 15. 9 16. 9 17. 9 18. 9 19. 9 9

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
-----	-----	-----	-----	-----	-----	-----	-----

"CDC ONLY - PHOTOGRAPHS" + -----

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
-----	-----	-----	-----	-----	-----	-----	-----

"MASKED DAMAGE" + -----

26. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes	Ø	27. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	1	28. Original Wheelbase Code to the nearest centimeter (999) Unknown	298
<u>117.3</u> inches X 2.54 = <u>298</u> centimeters					

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

31. Origin of Fire
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	Interviewee(s) Role or Name(s): <u>DRIVER OF</u>
2. Case Number - Stratum <u>DS-93-AB-016</u>	<u>VEHICLE 1</u>
3. Vehicle Number <u>01</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

The driver stated that she was traveling northbound on _____ Route and was turning left onto a entrance ramp of the ---- Parkway. When she started to travel on the ramp she lost control of the vehicle on the wet roadway. The driver stated that she struck a guardrail on the right side of the entrance ramp.

The driver indicated that she smell chemical order and seen smoke after the airbag deployed.

The driver stated that she was taken to _____ Hospital and was treated and release approximately 5 hours later. Her injuries consisted of facial burns (whole face), injury to her right eye, burn on her right wrist.

The driver's info.

Age: 61

Height: 5'1"

Weight: wouldn't say

The right front passenger

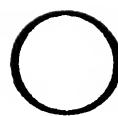
Age: 29

Height: 5'4"

Weight: 117 lbs.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.



INTERVIEW FORM (B)

1. Primary Sampling Unit Number _____

Interviewee(s) Role or Name(s): DRIVER OF

2. Case Number - Stratum DSI-93-AB-016

VEHICLE 1

3. Vehicle Number 01

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

North South East West

(Optional - Where were you coming from or going to?)

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

[2] [3] [4] Other (specify):

ON ENTRANCE RAMP

3. Can you remember your estimated travel speed (in miles per hour) before the accident? UNK

<input type="checkbox"/> Stopped	<input type="checkbox"/> 1-10	<input type="checkbox"/> 10-20
<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50
<input type="checkbox"/> 50-60	<input type="checkbox"/> 60-70	<input type="checkbox"/> 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

<input checked="" type="checkbox"/> Going straight	<input type="checkbox"/> Stopped
<input type="checkbox"/> slowing	<input type="checkbox"/> Accelerating
<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning right
<input type="checkbox"/> Changing lanes to left	<input type="checkbox"/> Changing lanes to right
<input type="checkbox"/> Backing	
<input type="checkbox"/> Other (specify):	_____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

No

Yes (If yes, describe below)

WET ROADWAY

6. Did you have to take any avoidance actions prior to the accident?

No - Go to question 7

Yes - Go to question 6a

6a. What actions did you take?

- Braking with lock-up
- Braking without lock-up
- Releasing brakes
- Accelerating
- Steering left
- Steering right
- Other (specify): _____

7. Where was your vehicle at the time of the collision?

Original travel lane Different travel lane
 In intersection Off roadway to right
 Off roadway to left
 Other (specify): RAMP

8. Was your travel speed at the time of the collision different from your previous travel speed?

- No
- Lower
- Higher
- Unknown

8a. Can you estimate your speed at the time of the collision? No

<input type="checkbox"/> Stopped	<input type="checkbox"/> 1-10	<input type="checkbox"/> 10-20
<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50
<input type="checkbox"/> 50-60	<input type="checkbox"/> 60-70	<input type="checkbox"/> 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

No

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

TWO - VEHICLE/VEHICLE +

VEHICLE/GUARD RAIL

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 2

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum DSI-93-AB-016

3. Vehicle Number 0 1
 4. Occupant Number 0 1

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1990 Lincoln Town CAR
 Year Make Model

2. Can you describe the damage to your vehicle?

RIGHT FRONT CORNER

3. Was there any previous damage to your vehicle that is not related to this accident?

No
 Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

No
 Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

No
 Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

No
 Yes

6a. Did the glove compartment door come open during the accident?

No
 Yes
 Unknown

7. Does your vehicle have "seat belts"?

No (If "No", go to question 7b)
 Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Front seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Front seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat left	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat right	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

No
 Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

No (If "No", go to question 9)
 Yes (If "Yes", what seat location?)
 Left Front
 Right Front

8a. Were the motorized belts working properly before the accident?

No (If "No", describe condition below)

Yes

8b. Were the belts connected to the track prior to the accident?

No
 Yes
 Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

No (go to question 10)
 Yes

9a. Does this belt come across the _____?

Chest only
 Lap and chest

9b. Was this belt connected prior to the accident?

No
 Yes
 Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

No (go to question 11)
 Yes (go to question 10a)
 Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

No (go to questions 10b and 10c)
 Yes (go to question 10e)

1. Primary Sampling Unit Number _____

3. Vehicle Number Ø 12. Case Number - Stratum DSI-93-AB-Ø164. Occupant Number Ø 1**VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)**

10b. Was the air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe previous condition)

 Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

 No (go to question 11) Yes (go to question 10d) Unknown

10d. Was the air bag re-installed after the accident?

 No (go to question 11) Yes /but is Now DISCONNECTED Unknown

10e. Did the air bag inflate as you expected?

 No (If "No" describe below)Rec'd BURNS on MY FACE Yes Unknown

11. Is your vehicle equipped with a passenger side air bag?

 No (If "No", go to question 12) Yes (If "Yes", go to question 11a) Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

 No (go to question 11b) Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe below)

 Unknown

11c. Was the passenger air bag inflated in a previous accident?

 No (go to question 12) Yes (go to question 11d) Unknown

11d. Was the passenger air bag re-installed after the accident?

 No (go to question 12) Yes Unknown

11e. Did the passenger air bag inflate as you expected?

 No (If "No" describe below)

 Yes Unknown**CHILD SAFETY SEAT**

12. Was there a person in a child safety seat in your vehicle?

 No (If "No", go to question 13) Yes Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

 Infant Toddler Convertible Booster Other (specify):

 Unknown

12c. Where was the child safety seat(s) located?

 [12] [13] [21] [22] [23] [31] [32] [33] [Other] (specify):

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

 Rear facing Forward facing, Other (specify):

 Unknown

12e. Was a seat belt used to hold the child seat in place?

 No (If "No", go to question 12g) Yes (If "Yes", go to question 12f) Unknown

12f. Can you describe how the seat belt was secured to the child seat?

 Looped through designated rear framing struts? Looped through arm rest slots? Belt across safety shield? Looped through rear frame outside the designated framing struts? Other (specify):

 Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

 Harness Shield Tether strap

If any box is checked, ask questions 12h - 12i.

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 4

1. Primary Sampling Unit Number _____

3. Vehicle Number Ø 12. Case Number - Stratum DSI-93-AB-Ø164. Occupant Number Ø 1**VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)****OPTIONAL**

12h. Were any of these items added after you owned the child safety seat?

- Yes
 (specify _____)
 No
 Unknown

12i. Were any of these items used during the accident?

- Yes (If "Yes", check all that apply)
 () Harness
 () Shield
 () Tether strap)
 No
 Unknown

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

- No (If "No", go to question 14)
 Yes (If "Yes", go to question 13a)
 Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

_____ miles

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

16. May I take a look at your vehicle to assess the damage?

- No
 Yes

DRIVER ONLY

17. What race do you consider yourself?

- White
 Black
 American Indian, Eskimo or Aleut, Asian or Pacific Islander
 Other (specify: _____)
 Unknown.

18. Are you of hispanic origin?

- No
 Yes

1. Primary Sampling Unit Number _____

3. Vehicle Number / 2. Case Number - Stratum DSI-93-AB-0164. Occupant Number / **OCCUPANT DATA QUESTIONS**

1. Was there anyone else in your vehicle at the time of the accident?

[] No (If "No", go to question 4)[] Yes (If "Yes", specify number in question 2 below and then go to question 3)[] Unknown

2. How many?

() One other person[] Two other persons[] Three other persons[] Four other persons[] Five other persons[] Six other persons[] Seven or more other persons
(specify number:) _____

3. Where was this person sitting? (Circle seating positions)

[] 12() 13[] 21[] 22[] 23[] 31[] 32[] 33[] Other (specify:) _____**OCCUPANT CHARACTERISTICS**

4. Can I have your (his/her) height, weight, age, and sex?

Height 61" Weight unk Age 61Sex: [] Male () Female**OCCUPANT POSTURE**

5. Can you tell me how you (he/she was) were sitting in your vehicle?

Upright - SEAT POSITION CLOSE
TO STEERING WHEEL because her size

5a. Can you describe the location of your (his/her) feet just prior to the collision?

unk

5b. Can you describe the location of your (his/her) arms?

hands on STEERING WHEEL

5c. Was your (his/her) back resting against the seat back rest?

[] No (If "No", describe the position)[] Yes[] Unknown

5d. Were you (Was he/she)

[] Sitting upright or[] Leaning to left side, or[] Leaning to right side?**OCCUPANT EJECTION**

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

[] No (If "No", go to question 7)[] Yes (If "Yes", go to question 6a)[] Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

[] No[] Yes (Describe:) _____**OCCUPANT RESTRAINT**

7. Were you (Was he/she) wearing a seat belt just before the accident?

[] No (If "No", go to question 8)[] Yes[] Unknown

7a. Were you (Was he/she) wearing the

[] Lap belt?[] Lap and Shoulder belt?[] Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

[] Across the stomach[] Low on lap[] Other (specify:) _____[] Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

[] Over the shoulder[] Under the arm[] Behind the back[] Behind the seat[] Other (specify:) _____

7d. Did any part of the belt system break or tear?

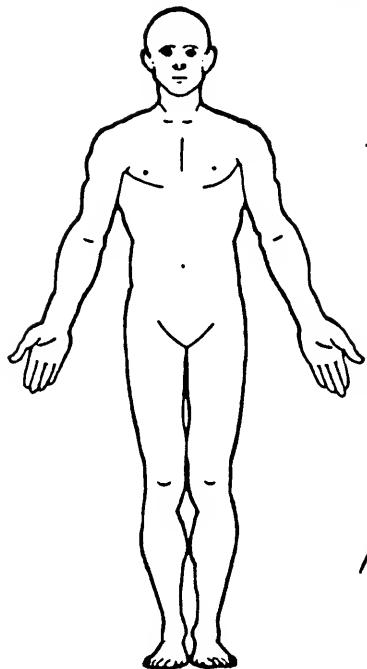
[] No[] Yes (If "Yes", describe)[] Unknown**OCCUPANT ENTRAPMENT**

8. Were you (Was he/she) trapped in the vehicle?

[] No[] Yes (If "Yes", describe)[] Unknown

National Accident Sampling System-Crashworthiness Data System: Interview Form

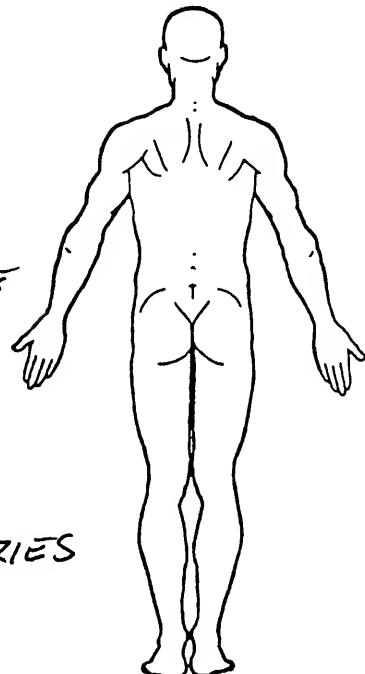
Page 6

PSU Number _____ Case Number—Stratum DS 1-93-A8-016 Vehicle Number Ø 1 Occupant Number Ø 1**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER**SOFT TISSUE/INTERNAL INJURIES**

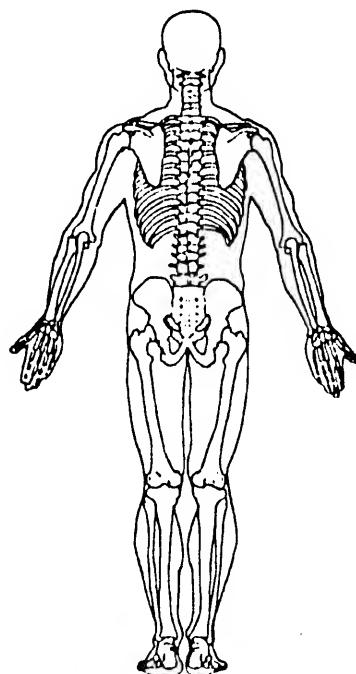
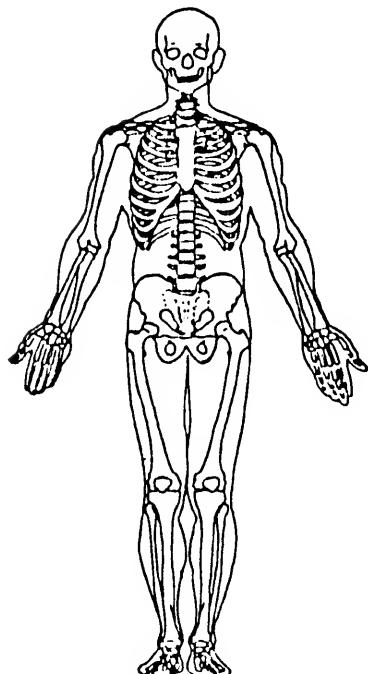
BURNS ON
ENTIRE FACE

INJURY TO
THE Right EYE

BURN on
Right WRIST



AIR BAG INSURIES

SKELETAL INJURIES

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DSI-93-AB-0164. Occupant Number 01**OCCUPANT INJURY DATA QUESTIONS**

1. Were you (Was he/she) injured?

No (If "No", go to next occupant. Stop if no other occupant.)

Yes (If "Yes", complete Occupant Injury Questions)

Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

No (go to question 3)

Yes (If "Yes", record the exact location(s) and size on the manikin(s).)

Unknown

2a. Do you know what caused your (his/her) injury(s)?

No

Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

Unknown

3. Did you (he/she) experience any broken bones?

No (If "No", go to question 4)

Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)

Unknown

3a. Do you know what caused the injury(s)?

No

Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

Unknown

4. Did you (he/she) injure your (his/her) head?

No (If "No", go to question 5)

Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)

Unknown

4a. Do you know what caused the injury(s)?

No

Yes (If "Yes", specify the component(s) on the manikin(s).)

Unknown

5. Were any of your (his/her) internal organs injured?

No (If "No", go to question 6)

Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)

Unknown

5a. Do you know what caused this injury?

No

Yes (If "Yes", specify the component(s) on the manikin(s).)

Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

No (If "No", go to question 7)

Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)

Unknown

6a. Do you know what caused the injury(s)?

No

Yes (If "Yes", specify the component(s) on the manikin(s).)

Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

No (If "No", go to question 8)

Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

Hospital/trauma center? (specify hospital name):

Medical clinic

Out patient surgery? (specify medical facility):

Paramedics or first aid at the scene?

A doctor in his/her office?

Treated at home?

None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

No (If "No", go to question 7c.)

Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

No (If "No", give an explanation)

Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?

_____ days

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 8

1. Primary Sampling Unit Number _____

3. Vehicle Number 412. Case Number - Stratum DSI-93-AB-0164. Occupant Number 1**OCCUPANT INJURY DATA QUESTIONS (CONTINUED)**

7e. Have you (Has he/she) received any follow-up treatment?

 No Yes (If "Yes", describe:)FOR Facial Burns Unknown

8. Have you (he/she) lost any days from work or school (college)?

 No Yes (If "Yes", determine the number of days lost)
(Specify: _____) Not working prior to the accident Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

 No Yes (If "Yes", mail or present the form for signature.)

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 8

1. Primary Sampling Unit Number _____

3. Vehicle Number _____

2. Case Number - Stratum _____

4. Occupant Number _____

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

 No Yes (If "Yes", describe: _____

_____) Unknown

8. Have you (he/she) lost any days from work or school (college)?

 No Yes (If "Yes", determine the number of days lost)
(Specify: _____) Not working prior to the accident Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

 No Yes (If "Yes", mail or present the form for signature.)



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS-93-AB-016
3. Vehicle Number Φ 1
4. Occupant Number Φ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 61
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 155
Code actual height to the nearest centimeter.
(999) Unknown

61 inches X 2.54 = 155 centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position LL

- Front Seat*
- (11) Left side
 - (12) Middle
 - (13) Right side
 - (14) Other (specify): _____
 - (15) On or in the lap of another occupant

- Second Seat*
- (21) Left side
 - (22) Middle
 - (23) Right side
 - (24) Other (specify): _____
 - (25) On or in the lap of another occupant

- Third Seat*
- (31) Left side
 - (32) Middle
 - (33) Right side
 - (34) Other (specify): _____
 - (35) On or in the lap of another occupant

- Fourth Seat*
- (41) Left side
 - (42) Middle
 - (43) Right side
 - (44) Other (specify): _____
 - (45) On or in the lap of another occupant

- (97) In or on unenclosed area
- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture Φ
(0) Normal posture

- Abnormal posture*
- (1) Kneeling or standing on seat
 - (2) Lying on or across seat
 - (3) Kneeling, standing or sitting in front of seat
 - (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
 - (5) Sitting on a console
 - (6) Lying back in a reclined seat position
 - (7) Bracing with feet or hands on a surface in front of seat
 - (8) Other abnormal posture (specify): _____
 - (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

φ

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

φ

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

φ

RESTRAINT SYSTEM EVALUATION

- 17. Manual (Active) Belt System Availability** 4

 - (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown

Integral Belt Partially Destroyed

 - (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 4

 - (00) None used, not available, or belt removed/destroyed
 - (Ü1) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify):
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

 - (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat

Belt Used Improperly

 - (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

 - (0) No manual belt used
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

 - (0) Not equipped/not available
 - (1) Air bag

Non-functional

 - (2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown _____

22. Air Bag System Deployment

 - (0) Not equipped/not available
 - (1) Air bag deployed during accident (as a result of impact)
 - (2) Air bag deployed inadvertently just prior to accident
 - (3) Air bag deployed, accident sequence undetermined
 - (4) Nondeployed
 - (5) Unknown if deployed
 - (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (9) Unknown

23. Are There Indications of Air Bag System Failure?

 - (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
 - (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

 - (0) None used
 - (1) Police did not indicate restraint use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Other or automatic restraint (specify): AIR BAG
 - (8) Restrained, type unknown
 - (9) Police indicated "unknown"

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

7

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____

3

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion
(specify): _____

1

26. Seat Type (this Occupant Position)

0 6

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)
(99) Unknown

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model <u>∅ ∅ ∅</u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <u>(998) Unknown make/model</u> <u>(999) Unknown if child safety seat used</u></p>	<p>31. Child Safety Seat Harness Usage <u>∅ ∅</u> 32. Child Safety Seat Shield Usage <u>∅ ∅</u> 33. Child Safety Seat Tether Usage <u>∅ ∅</u> Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat</p>
<p>29. Type of Child Safety Seat <u>∅</u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): <u>(8) Unknown child safety seat type</u> <u>(9) Unknown if child safety seat used</u></p>	<p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p>
<p>30. Child Safety Seat Orientation <u>∅ ∅</u> (00) No child safety seat <p><i>Designed for Rear Facing for This Age/Weight</i></p> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <u>(09) Unknown orientation</u> <p><i>Designed For Forward Facing for This Age/Weight</i></p> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <u>(19) Unknown orientation</u> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <u>(29) Unknown orientation</u> <u>(99) Unknown if child safety seat used</u></p>	<p><i>Unknown If Designed With Harness/Shield/Tether</i></p> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used <p><i>(99) Unknown if child safety seat used</i></p>

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

3**35. Treatment - Mortality**

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

4*Nonfatal*

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital StayØ Ø

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

99. Case Occupant1

- (0) Not the Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant in another case.

38. Working Days Lost

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 9**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

Ø Ø**40. 1st Medically Reported Cause of Death**Ø Ø**41. 2nd Medically Reported Cause of Death**Ø Ø**42. 3rd Medically Reported Cause of Death**Ø Ø

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This OccupantØ 5

- _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/**

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score**

- (at Medical Facility)
- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood?

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [X]

UPDATE CANDIDATE?

NO [X] YES []



OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-0163. Vehicle Number Ø 14. Occupant Number Ø 1

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	ICD-9		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	<u>5. 3</u>	<u>6. 2</u>	<u>7. 9</u>	<u>8. 2 Ø</u>	<u>9. 1 Ø</u>	<u>10. 3</u>	<u>11. Ø</u>	<u>12. 93</u>	<u>13. 1</u>	<u>14. 3</u>	<u>15. Ø Ø</u>	<u>941.39</u>
2nd	<u>16. 3</u>	<u>17. 2</u>	<u>18. 4</u>	<u>19. Ø 6</u>	<u>20. Ø 2</u>	<u>21. 1</u>	<u>22. 1</u>	<u>23. Ø 6</u>	<u>24. 1</u>	<u>25. 2</u>	<u>26. Ø Ø</u>	<u>918.1</u>
3rd	<u>27. 4</u>	<u>28. 2</u>	<u>29. 4</u>	<u>30. 1 Ø</u>	<u>31. 99</u>	<u>32. 1</u>	<u>33. 1</u>	<u>34. Ø 6</u>	<u>35. 1</u>	<u>36. 2</u>	<u>37. Ø Ø</u>	<u>918.9</u>
4th	<u>38. 4</u>	<u>39. 3</u>	<u>40. 9</u>	<u>41. Ø 4</u>	<u>42. Ø 2</u>	<u>43. 1</u>	<u>44. 2</u>	<u>45. 45</u>	<u>46. 1</u>	<u>47. 1</u>	<u>48. Ø Ø</u>	<u>92Ø</u>
5th	<u>49. 1</u>	<u>50. 1</u>	<u>51. 9</u>	<u>52. 2 Ø</u>	<u>53. Ø 6</u>	<u>54. 1</u>	<u>55. 1</u>	<u>56. 93</u>	<u>57. 1</u>	<u>58. 3</u>	<u>59. Ø Ø</u>	<u>944.Ø7</u>
6th	<u>60. </u>	<u>61. </u>	<u>62. </u>	<u>63. </u>	<u>64. </u>	<u>65. </u>	<u>66. </u>	<u>67. </u>	<u>68. </u>	<u>69. </u>	<u>70. </u>	
7th	<u>71. </u>	<u>72. </u>	<u>73. </u>	<u>74. </u>	<u>75. </u>	<u>76. </u>	<u>77. </u>	<u>78. </u>	<u>79. </u>	<u>80. </u>	<u>81. </u>	
8th	<u>82. </u>	<u>83. </u>	<u>84. </u>	<u>85. </u>	<u>86. </u>	<u>87. </u>	<u>88. </u>	<u>89. </u>	<u>90. </u>	<u>91. </u>	<u>92. </u>	
9th	<u>93. </u>	<u>94. </u>	<u>95. </u>	<u>96. </u>	<u>97. </u>	<u>98. </u>	<u>99. </u>	<u>100. </u>	<u>101. </u>	<u>102. </u>	<u>103. </u>	
10th	<u>104. </u>	<u>105. </u>	<u>106. </u>	<u>107. </u>	<u>108. </u>	<u>109. </u>	<u>110. </u>	<u>111. </u>	<u>112. </u>	<u>113. </u>	<u>114. </u>	

OCCUPANT INJURY DATA

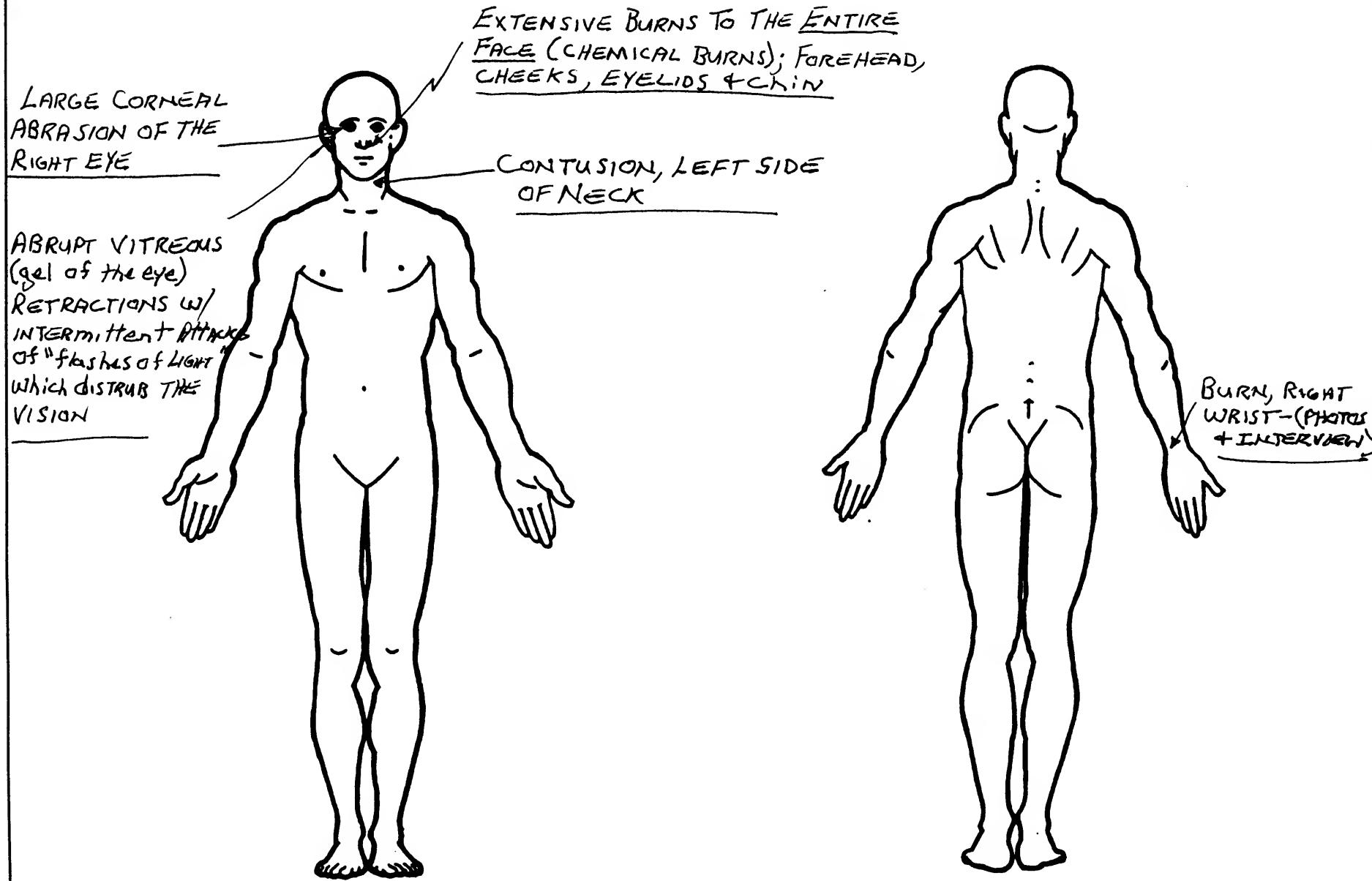
Source of Injury Date	O.I.C.-A.I.S						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—
26th	—	—	—	—	—	—	—	—	—	—

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

BEST AVAILABLE COPY

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

(9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests

- (31) Right side hardware or armrest

- (32) Right A (A1/A2)-pillar

- (33) Right B-pillar

- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support

- (41) Belt restraint webbing/buckle

- (42) Belt restraint B-pillar or door frame attachment point

- (43) Other restraint system component (specify): _____

- (44) Head restraint system

- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

(47) Interior loose objects

- (48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

- (50) Front header

- (51) Rear header

- (52) Roof left side rail

- (53) Roof right side rail

- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)

- (57) Floor or console mounted transmission lever, including console

- (58) Parking brake handle

- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.

- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood

- (66) Outside hardware (e.g., outside mirror, antenna)

- (67) Other exterior surface or tires (specify): _____

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper

- (71) Hood edge

- (72) Other front of vehicle (specify): _____

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify)

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground

- (85) Other vehicle or object (specify)

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle

- (91) Flying glass

- (92) Other noncontact injury source (specify): _____

- (93) Air bag exhaust gases

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain

- (2) Probable

- (3) Possible

- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury

- (2) Indirect contact injury

- (3) Noncontact injury

- (7) Injured, unknown source

Body Region

- (1) Head

- (2) Face

- (3) Neck

- (4) Thorax

- (5) Abdomen

- (6) Spine

- (7) Upper Extremity

- (8) Lower Extremity

- (9) Unspecified

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion

- (04) Skin - Contusion

- (06) Skin - Laceration

- (08) Skin - Avulsion

- (10) Amputation

- (20) Burn

- (30) Crush

- (40) Degloving

- (50) Injury - NFS

- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC

- (04, 06, 08) Level of Consciousness

- (10) Concussion

Spine

- (02) Cervical

- (04) Thoracic

- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury

- (2) Moderate injury

- (3) Serious Injury

- (4) Severe injury

- (5) Critical injury

- (6) Maximum (untreatable)

- (7) Injured, unknown severity

Aspect

- (1) Right

- (2) Left

- (3) Bilateral

- (4) Central

- (5) Anterior

- (6) Posterior

- (7) Superior

- (8) Inferior

- (9) Unknown

- (0) Whole region

Type of Anatomic Structure

- (1) Whole Area

- (2) Vessels

- (3) Nerves

- (4) Organs (includes muscles/ligaments)

- (5) Skeletal (includes joints)

- (6) Head - LOC

- (9) Skin

OFFICIAL INJURY DATA – SKELETAL INJURIES

BEST AVAILABLE COPY

Restrained?

No

Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

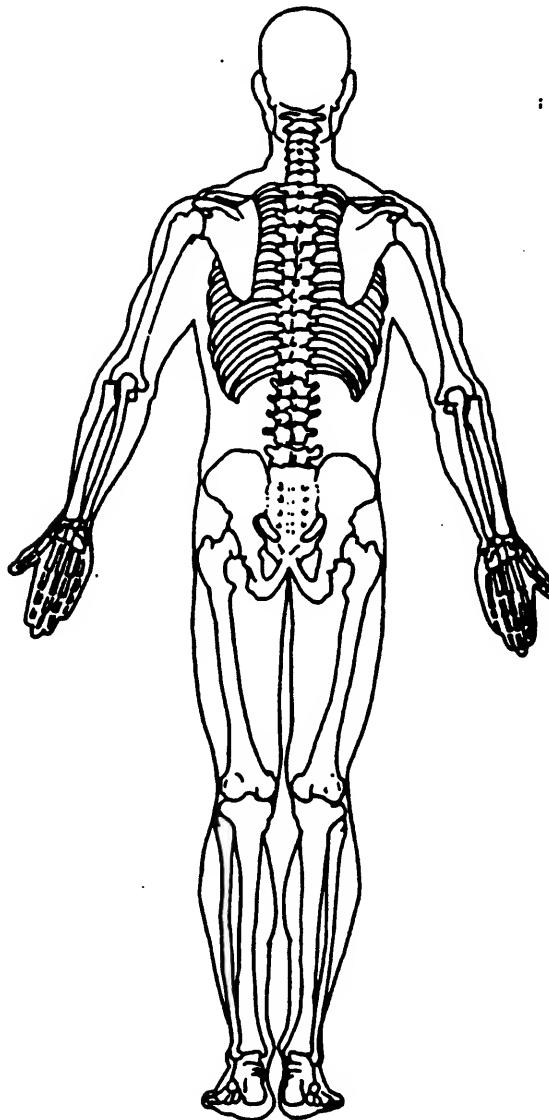
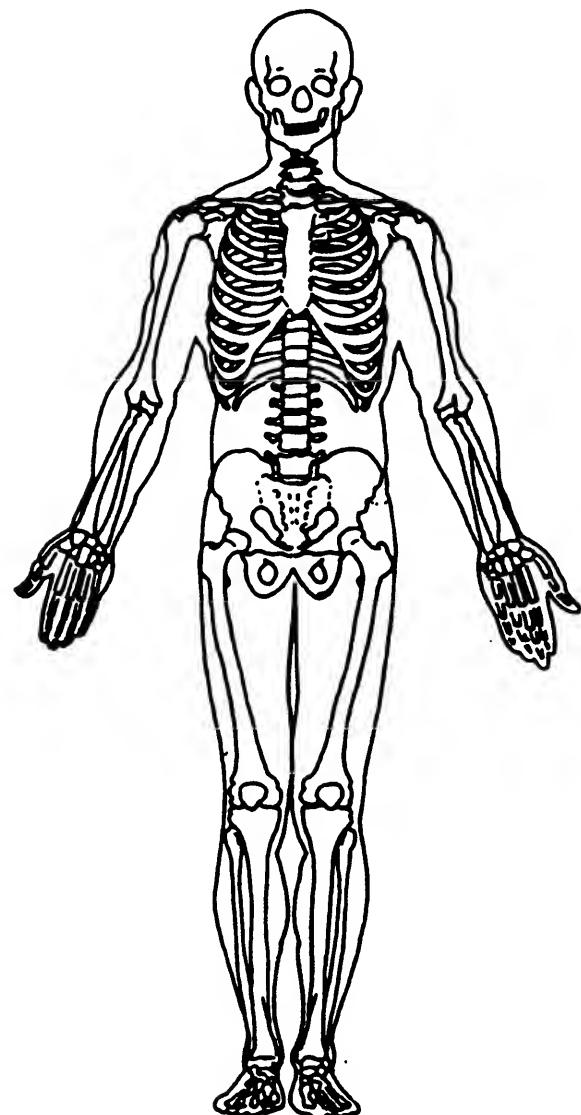
Arterial Blood Gases

pH = ____.

PO₂ = _____

PCO₂ _____

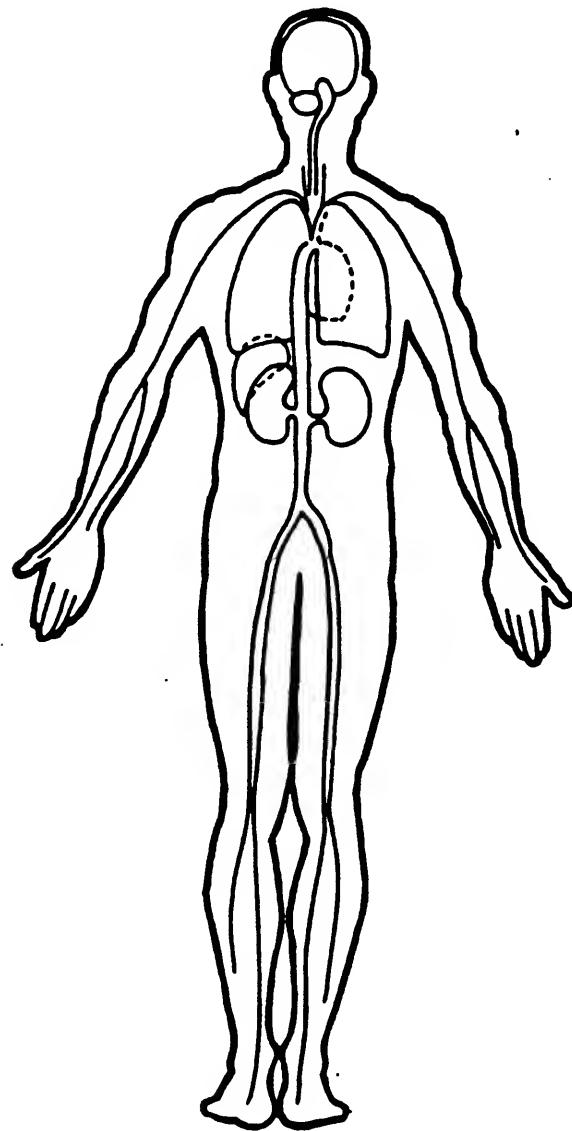
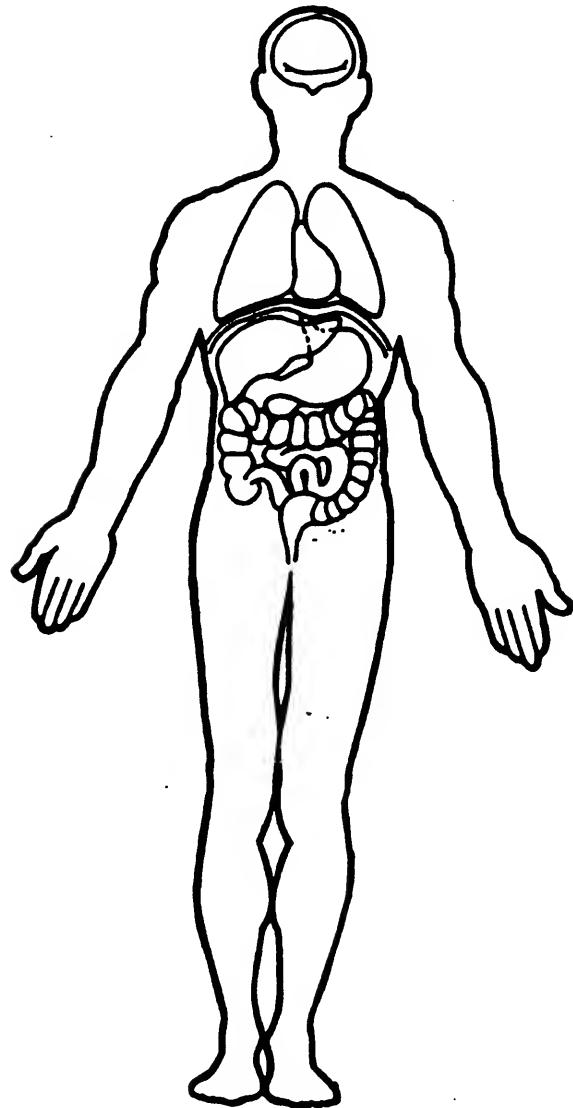
HCO₃ _____



OFFICIAL INJURY DATA – INTERNAL INJURIES

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Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-016
3. Vehicle Number Ø 1
4. Occupant Number Ø 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 29
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 163
Code actual height to the nearest centimeter.
(999) Unknown
- 64 inches X 2.54 = 163 centimeters

8. Occupant's Weight Ø 53
Code actual weight to the nearest kilogram.
(999) Unknown
- 117 pounds X .4536 = Ø 53 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 1
(0) Normal posture
- Abnormal posture*
- (1) Kneeling or standing on seat
 - (2) Lying on or across seat
 - (3) Kneeling, standing or sitting in front of seat
 - (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
 - (5) Sitting on a console
 - (6) Lying back in a reclined seat position
 - (7) Bracing with feet or hands on a surface in front of seat
 - (8) Other abnormal posture (specify): _____
 - (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

✓

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

✓

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

✓

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

✓

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

✓

RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p>	4	<p>21. Air Bag System Availability/Function</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>	1
<p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____ (9) Unknown</p>	∅ 4	<p>22. Air Bag System Deployment</p> <p>(0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown</p>	1
<p>18. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (Ü1) Inoperative (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p>	∅ 4	<p>23. Are There Indications of Air Bag System Failure?</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>	1
<p>19. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p>	1	<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p> <p>24. Police Reported Restraint Use</p> <p>(0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): <u>AIR BAG</u> (8) Restrained, type unknown (9) Police indicated "unknown"</p>	7
<p>20. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p>	1		

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

0 6

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion
(specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model</p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p>	<p>∅ ∅ ∅</p> <p>31. Child Safety Seat Harness Usage</p> <p>∅ ∅</p> <p>32. Child Safety Seat Shield Usage</p> <p>∅ ∅</p> <p>33. Child Safety Seat Tether Usage</p> <p>∅ ∅</p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p>
<p>29. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>∅</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p>
<p>30. Child Safety Seat Orientation</p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>∅ ∅</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>2</u>
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	<u>9</u>
(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	<u>9</u>
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	
37. Hospital Stay	<u>99</u>
(00) Not Hospitalized ____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
99. Case Occupant	<u>Ø</u>
(0) Not the Case Occupant (1) This is the Case Occupant (2) This is the Case Occupant in another case.	
38. Working Days Lost	<u>99</u>
____ Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
STOP - GO TO VARIABLE 44 ON PAGE 7	
VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER	
39. Time to Death	<u>Ø Ø</u>
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	<u>Ø Ø</u>
41. 2nd Medically Reported Cause of Death	<u>Ø Ø</u>
42. 3rd Medically Reported Cause of Death	<u>Ø Ø</u>
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown	
43. Number of Recorded Injuries for This Occupant	<u>97</u>
____ Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive Belt System)

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score (at Medical Facility)**

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood?

- (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [X] YES []



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>DSI-93-AB-016</u></p> <p>3. Vehicle Number <u>02</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u></p> <ul style="list-style-type: none"> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>83</u> Code the last two digits of the model year</p> <p>(99) Unknown</p> <p>5. Vehicle Make (specify): <u>Buick</u> <u>18</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.</p> <p>(99) Unknown</p> <p>6. Vehicle Model (specify): <u>Regal Limited</u> <u>910</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.</p> <p>(999) Unknown</p>	<p>12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx)</p> <ul style="list-style-type: none"> (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown <p>Source: <u>PAR</u></p>
ACCIDENT RELATED	
<p>7. Body Type <u>02</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1G4AM47A0DH*****</u> Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p>	<p>13. Speed Limit <u>072</u> (000) No statutory limit Code posted or statutory speed limit in kph</p> <p>(999) Unknown</p> <p><u>45</u> mph X 1.6093 = _____ kph</p> <p>14. Attempted Avoidance Maneuver <u>00</u></p> <ul style="list-style-type: none"> (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): _____ (99) Unknown
OFFICIAL RECORDS	
<p>9. Police Reported Vehicle Disposition <u>9</u></p> <ul style="list-style-type: none"> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown <p>10. Police Reported Travel Speed <u>999</u></p> <p>Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	<p>15. Accident Type <u>25</u> Applicable codes may be found on the back of page two of this field form</p> <ul style="list-style-type: none"> (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

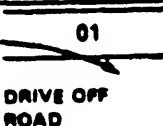
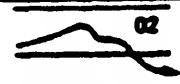
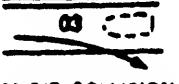
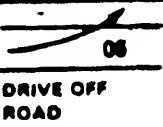
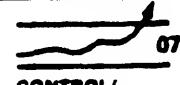
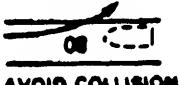
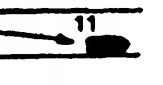
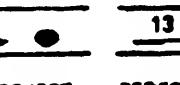
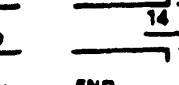
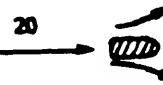
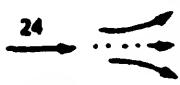
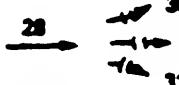
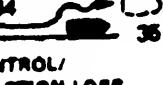
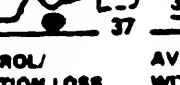
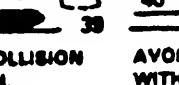
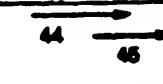
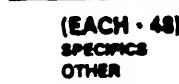
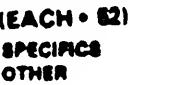
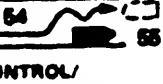
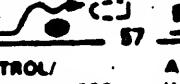
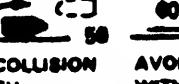
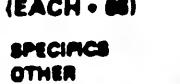
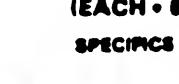
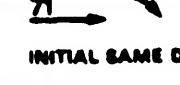
- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____

- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	∅ 2
18. Number of Occupant Forms Submitted	∅ 2
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight ____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	1,470
$\frac{3,238}{10} \text{ lbs} \times .4536 = 1,472 \text{ kgs}$	
Source: _____	
20. Vehicle Cargo Weight ____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	9,990
$\frac{1}{10} \text{ lbs} \times .4536 = \text{_____ kgs}$	
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	∅
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	∅
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	∅
24. Rollover (0) No rollover (no overturning) ∅	
<i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): <hr/> (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	
OVERRIDE/UNDERRIDE (THIS VEHICLE)	
25. Front Override/Underride (this Vehicle) ∅	
26. Rear Override/Underride (this Vehicle) ∅	
(0) No override/underride, or not an end-to-end impact <i>Override (see specific CDC)</i> (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): <hr/> <i>Underride (see specific CDC)</i> (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): <hr/> (7) Medium/heavy truck or bus override (9) Unknown	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	9 9 9
28. Heading Angle For Other Vehicle	9 9 9

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN
	B Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN
	C Forward Impact				14	15	16 SPECIFICS OTHER SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End				26	28	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact				40	41	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle				(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN		
	G Head-On			(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	H Forward Impact				60	61	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle				(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN		
	J Turn Across Path				73	74	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	K Turn Into Path				80	81	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
	L Straight Paths			(EACH • 80) SPECIFICS OTHER		(EACH • 81) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	M Backing Etc.			91 Other Accident Type 92 Unknown Accident Type 93 No Impact		(EACH • 91) SPECIFICS UNKNOWN	

<p>29. Basis for Total Delta V (highest) <u>6</u></p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</p>	<p style="text-align: right;">Secondary Highest + -</p> <p>32. Lateral Component of Delta V <u>9 9 9</u></p> <p>_____ Nearest kph _____</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p> <p>33. Energy Absorption <u>9 9 9, 9 0 0</u></p> <p>_____ Nearest 100 joules _____</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>Ø</u></p> <p>(0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable</p>
<p>COMPUTER GENERATED DELTA V</p> <p style="text-align: right;">Secondary Highest + -</p> <p>30. Total Delta V <u>9 9 9</u></p> <p>_____ Nearest kph _____</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V <u>- 9 9 9</u></p> <p>_____ Nearest kph _____</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p>	<p>35. Type of Vehicle Inspection <u>Ø</u></p> <p>(0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____</p> <p>36. Is this an AOPS Vehicle? <u>Ø</u></p> <p>(0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts</p>

IS OLDMISS APPLICABLE FOR THIS VEHICLE? YES NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? YES NO

37. Police Reported Other Drug Presence Ø
- (0) No other drugs present
 - (1) Yes (other drug present)
 - (7) Not reported
 - (8) No driver present
 - (9) Unknown

38. Police Reported Drug Evaluation Classification Ø
(DEC) Test For Driver
- (0) No DEC process available or given
 - (1) DEC process given, results known
 - (2) DEC process given, results unknown
 - (3) DEC process available, unknown if given
 - (8) No driver present

39. Other Drug Specimen Test Type For Driver Ø
- (0) No specimen test given
 - (1) Blood test
 - (2) Urine test
 - (3) Other specimen tests (specify):

(7) Unspecified specimen test
 - (8) No driver present
 - (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>
Depressant Drug	41. <u>Ø</u>
Stimulant Drug	42. <u>Ø</u>
Hallucinogen Drug	43. <u>Ø</u>
Cannabinoid Drug	44. <u>Ø</u>
Phencyclidine (PCP)	45. <u>Ø</u>
Inhalant Drug	46. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	47. <u>Ø</u>
	48. <u>Ø</u>
	49. <u>Ø</u>
	50. <u>Ø</u>
	51. <u>Ø</u>
	52. <u>Ø</u>
	53. <u>Ø</u>
	54. <u>Ø</u>
	55. <u>Ø</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

Ø Ø

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

Ø

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll

Ø

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

Ø 1

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) _____

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) _____
(98) Other event (specify):

(99) _____

PRECRASH DATA (Continued)

65. Critical Precrash Event 52*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver ✓

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) ✓

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

OCCUPANT ASSESSMENT FORM NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-93-AB-016
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 47
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat

- (11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection
- (0) No ejection
 - (1) Complete ejection
 - (2) Partial ejection
 - (3) Ejection, unknown degree
 - (9) Unknown

13. Ejection Area
- (0) No ejection
 - (1) Windshield
 - (2) Left front
 - (3) Right front
 - (4) Left rear
 - (5) Right rear
 - (6) Rear
 - (7) Roof
 - (8) Other area (e.g., back of pickup, etc.)
(specify): _____
 - (9) Unknown

14. Ejection Medium
- (0) No ejection
 - (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify):

 - (5) Integral structure
 - (8) Other medium (specify):

 - (9) Unknown

15. Medium Status (Immediately Prior To Impact)
- (0) No ejection
 - (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

16. Entrapment
- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown <i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown	9	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown	P
18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	99	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	S
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat <i>Belt Used Improperly</i> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	9	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown	P
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown	9	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts	
		24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"	4

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

9

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

9 9

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

9

- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

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CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

✓ ✓

32. Child Safety Seat Shield Usage

✓ ✓

33. Child Safety Seat Tether Usage

*✓ ✓*Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant
in another case

38. Working Days Lost

- _____
Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**

39. Time to Death

- _____
Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death

41. 2nd Medically Reported Cause of Death

42. 3rd Medically Reported Cause of Death

- _____
Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant

- _____
Code the actual number of
injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

999999999999

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(specify):
 - (3) Automatic belt use unknown
 - (9) Unknown

46. Automatic (Passive) Belt System Type
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown

47. Proper Use of Automatic (Passive)
Belt System
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 - (8) Other improper use of automatic belt system
(specify): _____
 - (9) Unknown

48. Automatic (Passive) Belt Failure Modes

- During Accident
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify):

 - (6) Broken retractor
 - (7) Combination of above (specify):

 - (8) Other automatic belt failure (specify):

 - (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 - [] Vehicle inspection
 - [] Official injury data
 - [] Driver/occupant interview
 - [] Other (specify):
VIA
 - [] Unknown if belt used
- _____
- _____
- _____
- _____

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 9 9
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO₃ 9 9
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 8
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): VIN.
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-0163. Vehicle Number 024. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 68

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 999

Code actual height to the nearest centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999

Code actual weight to the nearest kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

0

13. Ejection Area

- (0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

0

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
(1) Entrapped
(9) Unknown

0

14. Ejection Medium

- (0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

0

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

9*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

9 9

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

9*Belt Used Improperly*

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown _____

9

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

φ*Non-functional*

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

φ

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown _____

φ

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

4

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

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HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

9

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

9 9

9

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

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CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model <u> d d d </u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u> d d </u></p> <p>32. Child Safety Seat Shield Usage <u> d d </u></p> <p>33. Child Safety Seat Tether Usage <u> d d </u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p>
<p>29. Type of Child Safety Seat <u> d </u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p>
<p>30. Child Safety Seat Orientation <u> d d </u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p>	<p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

 (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60)
 that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

99. Case Occupant

- (0) Not Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant
 in another case

38. Working Days Lost

- _____ Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**

39. Time to Death

- _____ Code number of hours from time of
 accident to time of death up through 24
 hours. If time of death is greater than 24
 hours, code number of days. (Note: 1 day =
 31, 2 days = 32, ... n days = 30 + n up
 through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

99

40. 1st Medically Reported Cause of Death

99

41. 2nd Medically Reported Cause of Death

99

42. 3rd Medically Reported Cause of Death

99

- _____ Code the Occupant Injury from line
 number(s) for the medically reported
 injury(s) which reportedly contributed to
 this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific
 injuries are not linked to cause
 of death. (specify):

- (97) Other result (includes fatal ruled
 disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant99

- _____ Code the actual number of
 injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 7

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered
inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or
rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually
disconnected, motorized track inoperative)
(specify):
 - (3) Automatic belt use unknown
 - (9) Unknown

46. Automatic (Passive) Belt System Type
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown

47. Proper Use of Automatic (Passive)
Belt System
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with
child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than
one person
- (6) Lap portion of automatic belt worn
on abdomen
- (7) Automatic lap and shoulder belt or
automatic shoulder belt used improperly
with child safety seat (specify):
- (8) Other improper use of automatic belt system
(specify): _____
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes
During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed
or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify):
VIN
- Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
WITH INITIAL SUBMISSION?NO YES

UPDATE CANDIDATE?

NO YES

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 9 9
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO₃ 9 9
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): 1/1N.
 (9) Unknown if belt used



CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit

DSI-93-AB-016

Case No.-Stratum

0 2

Accident Event Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1

1990

LINCOLN

TOWN CAR

01

Vehicle 2

FIXED OBJECT

(METAL GUARD RAIL)

Year

Make

Model

NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size

4

Weight

1830 + 118 + 0 = 1948 kg

CDC

1 2 F Z E W I

PDOF (-180 to +180)

0 1 0 °

Stiffness

S

VEHICLE 2

Size

11

Weight

Curb + Occupant(s) + Cargo = _____ kg

CDC

_____ + _____

PDOF (-180 to +180)

+ _____ °

Stiffness

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1

Rest Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Rest Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Impact Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Impact Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Slip Angle(-180 to +180)

_____ °

Slip Angle (-180 to +180)

_____ °

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Skidding (Rotation)

No Yes

Skidding Stop Before Rest No Yes

Skidding (Rotation)

No Yes

Skidding Stop Before Rest No Yes

End of Rotation Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

End of Rotation Position

X _____ . ____ m
Y _____ . ____ m
PSI _____ °

Curved Path

No Yes

Curved Path

No Yes

Point on Path

X _____ . ____ m Y _____ . ____ m

Point on Path

X _____ . ____ m Y _____ . ____ m

Rotation Direction None CW CCW

Rotation Direction None CW CCW

Rotation >360° No Yes

Rotation >360° No Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction . _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF ____ . ____ RF ____ . ____

LR ____ . ____ RR ____ . ____

Vehicle 2 Rolling Resistance

LF ____ . ____ RF ____ . ____

LR ____ . ____ RR ____ . ____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X ____ . ____ m Y ____ . ____ m

Second Point

X ____ . ____ m Y ____ . ____ m

Secondary Coefficient of Friction . _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length

L 1 9 9 cm

VEHICLE 2

Crush Depths

C₁ _____ cmC₂ _____ cmC₃ _____ cmC₄ _____ cmC₅ _____ cmC₆ _____ cm

Damage Offset

D ⊕ 0 2 0 cm

Crush Depths

C₁ _____ cmC₂ _____ cmC₃ _____ cmC₄ _____ cmC₅ _____ cmC₆ _____ cm

Damage Offset

D + _____ cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

The Weight, CDC, Scene Data and Damage Information
for this vehicle should be recorded above.

Make: _____

Model: _____

VIN: _____

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

DSI-93-AB-016

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 24178.4 JOULES VEH#2: .0 JOULES

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----	CATEGORY 4	TYPE-----	CATEGORY 11
STIFFNESS---	CATEGORY 5	STIFFNESS---	CATEGORY 0
WEIGHT-----	1948.0 KGS	WEIGHT-----	999999.9 KGS *
CDC-----	12FZEW1	CDC-----	BARRIER
L-----	199.0 CM.	L-----	.0 CM. *
C1-----	.0 CM. *	C1-----	.0 CM. *
C2-----	.0 CM. *	C2-----	.0 CM. *
C3-----	.0 CM. *	C3-----	.0 CM. *
C4-----	.0 CM. *	C4-----	.0 CM. *
C5-----	.0 CM. *	C5-----	.0 CM. *
C6-----	.0 CM. *	C6-----	.0 CM. *
D-----	20.0 CM.	D-----	.0 CM. *
RHO-----	1.00	RHO-----	1.00 *
ANG-----	10.0 DEG.	ANG-----	.0 DEG. *
D'-----	45.8 CM.	D'-----	.0 CM.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 138.9 CM.	A2 = 127.0 CM.
B1 = 150.4 CM.	B2 = 127.0 CM.
TR1 = 157.0 CM.	TR2 = 127.0 CM.
I1 = 471946.6 NEWT-SEC**2-CM	I2 = ***** NEWT-SEC**2-CM
M1 = 19.554 NEWT-SEC**2/CM	M2 = ***** NEWT-SEC**2/CM
XF1 = 251.0 CM.	XF2 = 127.0 CM.
XR1 = -289.6 CM.	XR2 = -127.0 CM.
YS1 = 97.8 CM.	YS2 = 127.0 CM.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

DSI-93-AB-016

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 17830.7 FT-LB. VEH#2: .0 FT-LB.

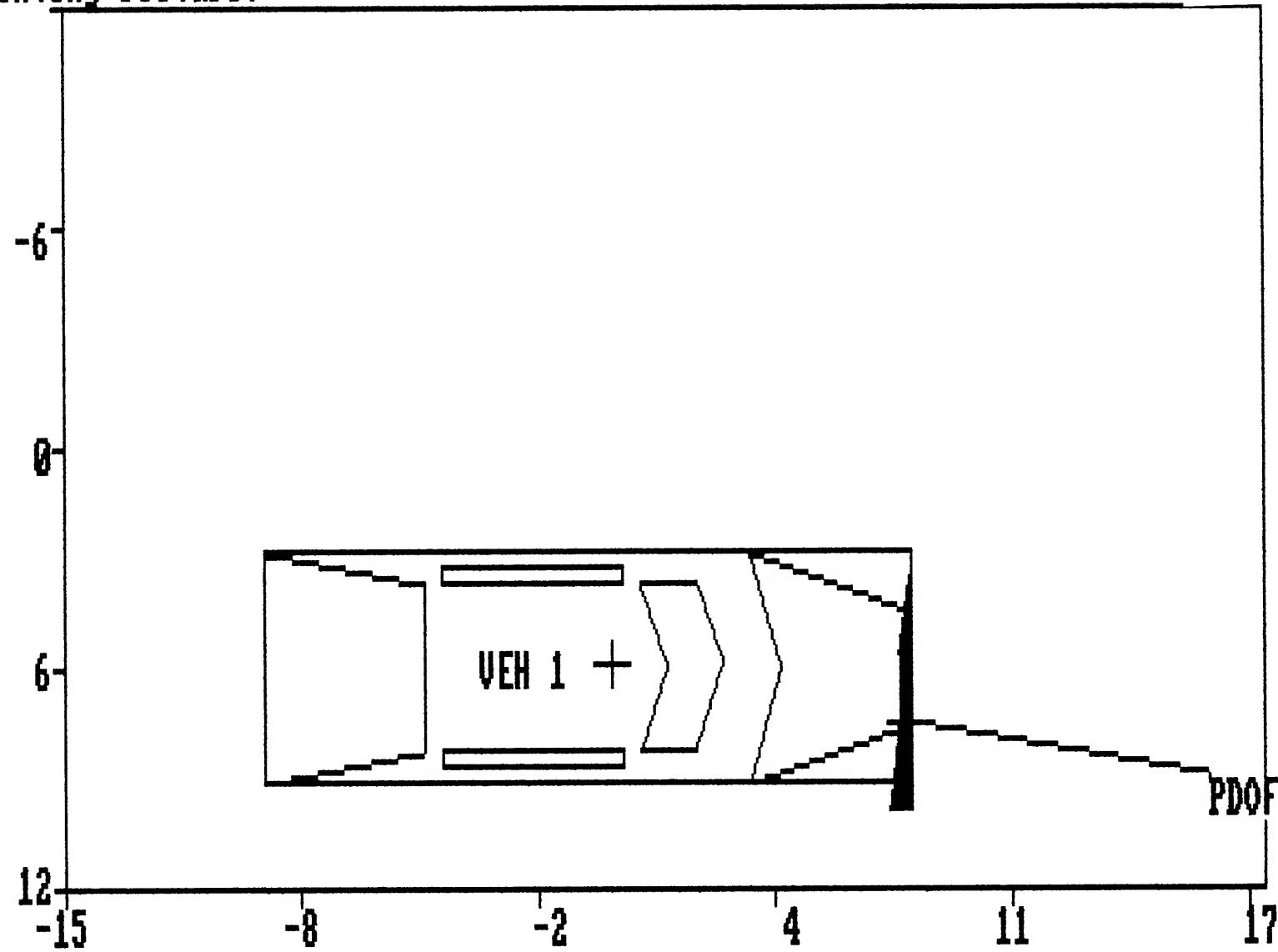
SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 4
 STIFFNESS---CATEGORY 5
 WEIGHT-----4294.5 LBS.
 CDC-----12FZEW1
 L-----78.3 IN.
 C1-----.0 IN. *
 C2-----.0 IN. *
 C3-----.0 IN. *
 C4-----.0 IN. *
 C5-----.0 IN. *
 C6-----.0 IN. *
 D-----7.9 IN.
 RHO-----1.00 *
 ANG-----10.0 DEG.
 D'-----18.0 IN.

TYPE-----CATEGORY 11
 STIFFNESS---CATEGORY 0
 WEIGHT-----2204586.0 LBS. *
 CDC-----BARRIER
 L----- .0 IN. *
 C1----- .0 IN. *
 C2----- .0 IN. *
 C3----- .0 IN. *
 C4----- .0 IN. *
 C5----- .0 IN. *
 C6----- .0 IN. *
 D----- .0 IN. *
 RHO----- 1.00 *
 ANG----- .0 DEG. *
 D'----- .0 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 54.7 IN.	A2 = 50.0 IN.
B1 = 59.2 IN.	B2 = 50.0 IN.
TR1 = 61.8 IN.	TR2 = 50.0 IN.
I1 = 41772.9 LB-SEC**2-IN	I2 = 5732151000.0 LB-SEC**2-IN
M1 = 11.166 LB-SEC**2/IN	M2 = 5732.151 LB-SEC**2/IN
XF1 = 98.8 IN.	XF2 = 50.0 IN.
XR1 = -114.0 IN.	XR2 = -50.0 IN.
YS1 = 38.5 IN.	YS2 = 50.0 IN.



DAMAGE DESCRIPTION

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: WINTER/WEEKDAY
2. Police Investigated []
 (1) Yes
 (2) No
 (3) Unknown
- Agency:
 City:
 County: [REDACTED], NEW JERSEY
3. General Locality []
 (1) Freeway, Limited Access
 (2) Urban (City)
 (3) Urban-Rural (mixed)
 (4) Rural, Fields
4. Configuration (First Harm) []
 (0) Struck Object or Ped
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe-Same Direction
 (6) Sideswipe-Opposite Dir.
 (7) Noncollision
 (8) Nonimpact Deployment
 (9) Unknown
5. Fire Involved []
 (0) None
 (1) Airbag Vehicle
 (2) Other Vehicle
 (3) Both Vehicles
 (9) Unknown
6. Vehicles Involved []
 (2)
7. Persons Involved []
 (4)
8. Injured Persons []
 (2)

9. Maximum AIS in Accident [] **3**

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: [REDACTED] /93
11. Reason Vehicle Note Inspected [] **1**
 (0) Not Required
 (1) Inspection Completed
 (2) Cannot be Located
 (3) Repaired or Destroyed
 (5) Refusal or Impounded
 (7) Other:
12. Impact Data Obtained [] **1**
 (0) No Data Obtained
 (1) CDC Only
 (2) Crush Profile Only
 (3) Trajectory Data Only
 (4) CDC and Crush Profile
 (5) CDC and Trajectory
 (6) Crush and Trajectory
 (7) CDC, Crush, and Trajectory
13. Basis of Delta-V [] **1**
 (0) Not Computed (Unknown why)
 (1) CRASH - Damage Only
 (2) CRASH - Damage + Traj
 (3) OLDMISS
 (4) POLES
 (5) Unknown Basis
 (6) One Vehicle Beyond Scope
 (7) Collision Beyond Scope
 (8) Insufficient Data
- VEHICLE HISTORY
14. Prior Impacts for AB Vehicle? [] **2**
 (1) Yes
 (2) No
 (9) Unknown
15. Prior AB Maintenance or Service [] **2**
 (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

AIRBAG VEHICLE

Fleet: **NONE**
 VIN: **1LNLM82F5LY -----**
 Mileage: **EST. 19,312 KM (12,000 mi.)**

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 1
 (1) Functioning/Proved Out
 (2) Inoperative
 (9) Unknown

17. Driver's Report of Pre-Impact Flashing 06

- (00) No Flashing Reported
 (01) Continuous Flashing
 (02)
 Number of Flashes: _____
 (11)
 (12) Constant Light
 (19) Flashing, Unknown Number
 (88) Not Applicable, System Removed
 (99) Unknown

18. Period of Pre-Impact Flashing 0
 (0) No Flashing
 (1) Same Day as Impact
 (2) Prior Day
 (3) Prior Two Days
 (4) Prior Week
 (5) Prior Month
 (6) Over One Month
 (9) Unknown

19. Post-Impact Lamp Condition 9
 (1) Functioning/Proved Out
 (2) Inoperative
 (9) Unknown

20. Post-Impact Flashing 06
 (00) No Flashing Reported
 (01) Continuous Flashing
 (02)
 Number of Flashes: _____
 (11)
 (12) Constant Light
 (19) Flashing, Unknown Number
 (88) Not Applicable, System Removed
 (99) Unknown

21. Airbag Vehicle First Harmful Event

- (01) Fire or explosion
 (02) Immersion
 (03) Gas Inhalation
 (04) Fell from vehicle
 (05) Injured in vehicle
 (06) Other noncollision (specify):

- (07) Overturn
 (08) Jackknife
COLLISION WITH:
 (09) Pedestrian
 (10) Pedalcyclist
 (11) Railway train
 (12) Animal
 (13) Motor vehicle in transport
 (same roadway)
 (14) Motor vehicle in transport
 (other roadway)
 (15) Parked motor vehicle
 (16) Other type nonmotorist (specify):
 (17) Thrown or falling object
 (18) Boulder

- COLLISION WITH FIXED OBJECT**
 (20) Building
 (21) Impact attenuator/crash cushion
 (22) Bridge pier or abutment
 (23) Bridge parapet end
 (24) Bridge rail
 (25) Guardrail
 (26) Concrete traffic barrier
 (27) Median barrier
 (28) Other longitudinal barrier (specify):
 (29) Highway/traffic sign post
 (30) Overhead sign support
 (31) Luminaire/light support
 (32) Utility pole
 (33) Other post, pole, or support
 (34) Culvert
 (35) Curb
 (36) Ditch
 (37) Embankment-earth
 (38) Embankment-rock, stone, or concrete
 (39) Fence
 (40) Wall
 (41) Fire hydrant
 (42) Shrubbery
 (43) Tree
 (44) Other fixed object (specify):
 (45) Pavement surface irregularity
 (99) Unknown

13

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role
 (0) Noncollision
 (1) Striking unit
 (2) Struck unit
 (3) Both striking and struck
 (9) Unknown

23. Manner of Leaving Scene
 (1) Driven
 (2) Towed-due to damage
 (3) Towed-not for damage
 (4) Towed-details unknown
 (5) Abandoned
 (9) Unknown

24. Number of Impact Events
 (8) 8 or more
 (9) Unknown

25. Rollover
 (0) No rollover
 (1) First event
 (2) Subsequent event
 (3) Yes, Unknown event
 (9) Unknown

26. Override/Underride
 (0) No override/underride
 (1) Override - 1st CDC
 (2) Override - Other CDC
 (3) Underride - 1st CDC
 (4) Underride - Other CDC
 (9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage

28. Right Front Fender Damage

29. Center Top of Grille Damage

FRONT BUMPER E.A. STATUS**1**

30. Left

S**2**

31. Right

S

- (1) Normal
 (2) Extended
 (3) Partial Compression
 (4) Complete Compression
 (5) Not Applicable
 (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:**2**

32. Configuration

1**Ø**

- (0) Struck Object or Ped
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe-Same Direction
 (6) Sideswipe-Opposite Dir.
 (7) Noncollision
 (8) Nonimpact Deployment
 (9) Unknown

Ø

33. CDC: 12FZEW)

34. Object Contacted: 1983 Buick REGAL

Ø**PRIMARY/DEPLOYMENT IMPACT:****Ø**

35. Event Number

1**Ø**

36. Total Delta-V

UNK**2**

37. Longitudinal Delta-V

UNK**1**

38. Configuration

1**2**

See 32 above for codes

39. CDC: 12FZEW)

40. Object Contacted: 1983 Buick REGAL

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

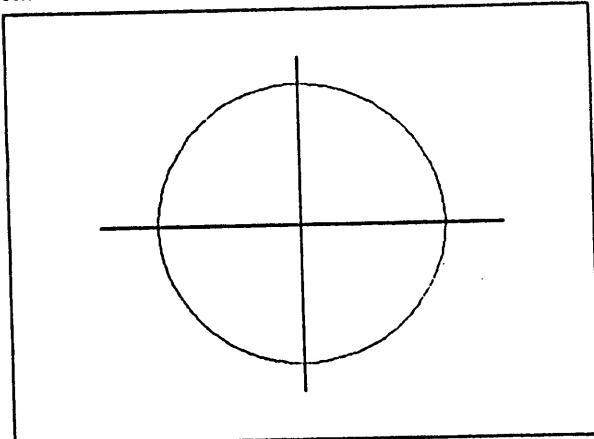
- CODES: (1) Yes, Damaged
 (2) No, Intact
 (3) Not Applicable
 (9) Unknown

- | | |
|---|---|
| 41. Airbag Module | <input type="checkbox"/> 2 |
| 42. Left Front Sensor | <input type="checkbox"/> 2 |
| 43. Center Front Sensor | <input type="checkbox"/> 2 |
| 44. Right Front Sensor | <input type="checkbox"/> 2 |
| 45. Rear Cowl Sensor | <input type="checkbox"/> 5 |
| 46. Diagnostic Module | <input type="checkbox"/> 2 |
| 47. Wiring | <input type="checkbox"/> 3 |
| 48. Knee Diverter | <input type="checkbox"/> 5 |
| 49. Indication of disconnected or loose electrical connectors | <input type="checkbox"/> 2 |
| 50. Condition of Deployed Bag | <input type="checkbox"/> 1 |
| | (1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown |

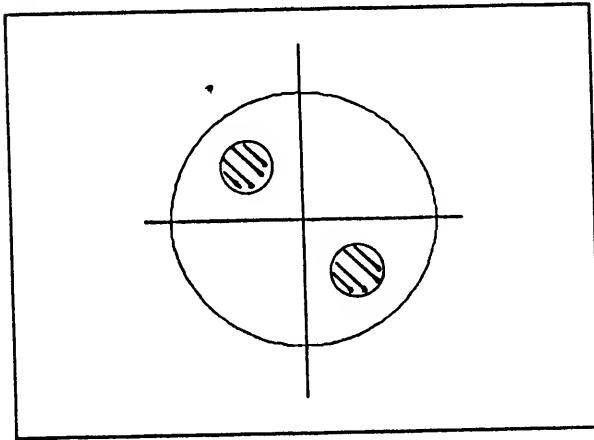
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

		MAXIMUM AIS BY BODY REGION		
		REGION	MAX AIS	CONTACT
51.	Number of Occupants in Vehicle	2	Head/Neck/Face 3	93
52.	Number of Injured Persons	2	Chest _____	_____
53.	Maximum AIS in Airbag Vehicle (0) No Injury (1-6) AIS Severity (7) Injured, unknown severity (9) Unknown	3	Abdomen _____ Legs/Hips _____ Other (Arms) 1	93
			Driver Maximum 3	93
		EJECTION		
		Extent: <u>NONE</u>		
		Portal: <u>NONE</u>		
54.	Number of Driver Injuries	5		
55.	Source of Best Injury Data (0) Not injured (1) Autopsy (2) Hospital Medical Records (3) Emergency Room only (4) Private physician, clinic (5) Lay Coroner Report (6) EMS Personnel (7) Interviewee (8) Police (9) Unknown	2	OTHER VEHICLE: Maximum AIS _____ Prime/Deploy Impact w AB Vehicle Event Number 01 CDC: N/P (NOT INSPECTED) Total Delta V _____ Make: Buick Model Year: 1983 Model: Regal Body Type: 2-DOOR	No INJURIES

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence: INTERVIEW

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

THE DRIVER WAS SEATING IN A UPRIGHT POSITION - THE SEAT POSITION
WAS FORWARD OF CENTER BECAUSE OF THE DRIVER'S HEIGHT.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?

THE DRIVER WAS WEARING EYEGLASSES AT THE TIME OF THE COLLISION.
THE LENSES ON THE RIGHT BROKEN OUT FROM IMPACT WITH THE
AIRBAG (SRS)

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

1

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

THE DRIVER SMELL CHEMICAL ORDER AND SEEN SMOKE

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

CHANGE

PAGE 1 OF 2

39 CASE NO.		40 STATION		INITIAL ACCIDENT INVESTIGATION REPORT								41 REPORTABLE <input checked="" type="checkbox"/> NON-REPORTABLE <input type="checkbox"/>				
42 DATE OF COLLISION MONTH DAY YEAR		43 DAY OF COLLISION S M T W T F S		44 TIME 10:24 AM 11:15	45 NO OF VEHICLES 2	46 NO KILLED —	47 NO INJURED 2	48 COUNTY —	MUN CODE							
49 MUNICIPALITY —		50 MILEPOST 132.1		51 DIRECTION NB		52 SERVICE AREA, RAMP, TOLL PLAZA, OR COMMUTER LOT —										
2 09	VEH 1	53 POLICY NO. —		54 INS. CODE —		VEH 2	79 POLICY NO. —		80 INS. CODE —							
	PARKED VEHICLE		PEDESTRIAN		PEDALCYCLIST		PARKED VEHICLE		PEDESTRIAN		PEDALCYCLIST					
3 016	55 DRIVER'S FIRST NAME —		INITIAL —		LAST NAME —		81 DRIVER'S FIRST NAME —		INITIAL —		LAST NAME —					
4 5	56 NUMBER AND STREET —		57 CITY —		STATE —		58 DRIVER'S LICENSE NUMBER —		59 STATE M	60 D.O.B. M D Y	61 EYES 5	62 SEX F	83 CITY —	STATE NJ	ZIP —	EXPIRES 95
5 1	63 OWNER'S FIRST NAME —		INITIAL —		LAST NAME —		69 OWNER'S FIRST NAME —		INITIAL —		LAST NAME —					
6 2	64 NUMBER AND STREET —		65 CITY —		STATE —		71 BODY TYPE 2DR		91 CITY —		STATE —		ZIP —		EXPIRES 93	
7 2	66 MAKE AND MODEL Buick Regal		COLOR Bla	67 YEAR 83	68 PLATE NO. —		69 STATE —		92 MAKE AND MODEL Lin. Town Car G		COLOR G	93 YEAR 90	94 PLATE NO. —		95 STATE —	
8 2	70 VIN NUMBER 164AML7AODH		71 BODY TYPE 2DR		96 VIN NUMBER JLNLM82F5LY		97 BODY TYPE 4DR									
9 4	72 VEHICLE REMOVED TO Driven Away		73 AUTHORITY DRIVER		98 VEHICLE REMOVED TO —		99 AUTHORITY DRIVER									
10 01	74 TRAILER OWNER'S FIRST NAME —		INITIAL —		LAST NAME —		100 TRAILER OWNER'S FIRST NAME —		INITIAL —		LAST NAME —					
11 01	75 NUMBER AND STREET —		CITY —		STATE —		76 MAKE —		77 PLATE NO. —	78 STATE —	79 EXPIRES —	101 NUMBER AND STREET —	CITY —		STATE —	ZIP —
12 5	105 INITIAL IMPACT V1 110 V2 013		4 5 6 3 (13) 7 2 8 1 9 12 11 10		109 ALCOHOL DATA TEST GIVEN DR.1 RESULTS 1 YES <input type="checkbox"/> X NO LAB # —		110 PARKWAY DAMAGE LEFT RIGHT 1. NONE <input type="checkbox"/> 01 <input type="checkbox"/> 02 2. METAL GUIDE RAIL <input type="checkbox"/> + <input type="checkbox"/> + 3. WOOD GUIDE RAIL <input type="checkbox"/> + <input type="checkbox"/> + 4. CONCRETE BARRIER <input type="checkbox"/> + <input type="checkbox"/> + 5. IMPACT ATTENIATORS <input type="checkbox"/> + <input type="checkbox"/> + 6. SIGNS/DEFINATORS <input type="checkbox"/> + <input type="checkbox"/> + 7. UTILITY POLE <input type="checkbox"/> + <input type="checkbox"/> + 8. TREE <input type="checkbox"/> + <input type="checkbox"/> + 9. CURB, CATCH BASIN, CULVERT <input type="checkbox"/> + <input type="checkbox"/> + 10. ABUTMENT <input type="checkbox"/> + <input type="checkbox"/> + 11. TOLL BOOTH, ABUTMENT, GATE <input type="checkbox"/> + <input type="checkbox"/> + 12. FENCE <input type="checkbox"/> + <input type="checkbox"/> + 13. XXXXX <input type="checkbox"/> + <input type="checkbox"/> +		111 RAN OFF ROAD V1 V2 1. LEFT <input type="checkbox"/> 01 <input checked="" type="checkbox"/> 02 2. RIGHT <input type="checkbox"/> + <input type="checkbox"/> + 3. CROSS MEDIAN <input type="checkbox"/> + <input type="checkbox"/> +							
13 1	106 AREAS DAMAGED V1 V2 14 UNDERCARRIAGE 110 013 15 OVERTURNED 016 014 16 TOTALLED 016 014 17 NONE 019 + 18 UNKNOWN 019 + 19 OTHER * 019 +		DR.2 RESULTS 1 YES <input type="checkbox"/> X NO LAB # —		PED. RESULTS 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> LAB # —		112 TRAFFIC VOLUME 1 LIGHT 4 VERY HEAVY 2 MODERATE 5 STOP & GO 3 HEAVY 6 NOT KNOWN		113 HAZARDOUS MATERIALS V1 V2 1. ON BOARD * <input type="checkbox"/> <input type="checkbox"/> 2. SPILL * <input type="checkbox"/>							
14 1	107 SPEED POSTED 45	108 TIRE MARKS YES * <input checked="" type="checkbox"/> NO	116 CHARGE —		SUMMONS NO. —		117 CHARGE —		SUMMONS NO. —		118 TROOPER'S SIGNATURE —		119 BADGE NO. —	120 STATION —	121 TROOP —	122 STATUS —
15 1	14 15 16 17 18 19 20 21 22 23 24	NAMES- ADDRESSES OF OCCUPANTS IF DECEASED DATE&TIME OF DEATH														
16 1	01 1 4 1 4,7 F T — — —															
17 1	01 3 4 1 6,8 F T — — —															
18 1	Q2 1 7 1 6,1 F 0,2 4 3 NFG 3,8 6,201															
19 1	Q2 3 7 1 2,9 M 0,3 5 3 NFG 3,8 6,201															

INITIAL ACCIDENT INVESTIGATION REPORT

Station _____
Case No. _____

14	15	16	17	18	19	20	21	22	23	24	NAMES, ADDRESSES OF OCCUPANTS-IF DECEASED: DATE&TIME OF DEATH		
											MARY S. V.		
											MARY V.		

123 Show NORTH
by arrow

124 Accident Description

Driver #1 stated in effect I left ____ SB onto the ____ NB ramp, I yielded at the yield sign, began to pull into the lane when veh 2 came towards my rear striking my veh. It looked like driver #2 lost control of her car.

Driver #2 stated in effect I left ____ NB at the traffic light onto the ____ NB ramp. As I accelerated I lost control of my car, I then struck veh 1 in her rear. I'm not sure what happened after that because the air bag was in my face.

Invest revealed veh 1 yielded properly at the NB ramp entrance, veh 2 attempted to enter on the NB ramp with wet road conditions due to earlier rainfall, driver 2 unable to maintain control of her veh, striking veh 1 + then the guide rail on the right

125 TROOPER'S SIGNATURE

126. BADGE NO.

127. STATION

128. TROOP

PAGE 2 of 2

M.D.

EYE CARE

CONFIDENTIAL

Dear

Mrs. states that on during the activation of her air bag in the car in which she was driving, a chemical was emitted from the air bag that burned her face. She was taken to Hospital in I where her face and eyes were irrigated, and her face and eyes were bandaged. She was in severe pain but was not admitted to the hospital.

I first saw Mrs. on ---- at which time there were extensive burns to the entire face along with a large corneal abrasion of the right eye. There was marked periorbital, nasal, and other facial swelling. She was in severe pain. I subsequently treated Mrs. on

. She is also under the care of Doctor a plastic surgeon.

Mrs. ophthalmic injuries consist of the following:

- 1) Extensive corneal abrasion of the right eye with repeated attacks of recurrent corneal erosion (breakdown of the abraded area.) These attacks usually last two to three days. The symptoms during these breakdowns consist of severe pain in the eye and periorbital area, blurred vision, and an inability to drive and otherwise function. The last such attack began on .
- 2) Blurred vision in the right eye since the injury to the cornea.
- 3) Photophobia (light sensitivity) since the injury.
- 4) Chemical burns of the lids of both eyes which have resulted in lid soreness, lid discoloration, lid scarring, lid swelling, paresthesias (altered sensation such as "skin prickling" and "numbness") and lid pain. The patient has difficulty touching the lids and applying cosmetics.

M.D.

EYE CARE.

- 5) "Soreness" of the orbits, and periocular tissues.
- 6) Intermittent swelling of the periorbital tissues.
- 7) Area between the orbits and over the nose is discolored, painful, and scarred.
- 8) Area in and above the eyebrows is discolored, painful, and scarred.
- 9) Area below the orbits is discolored, painful, and scarred.
- 10) Abrupt vitreous (gel of the eye) retractions with intermittent attacks of "flashes of light" which disturb the vision.

Mrs. [REDACTED] injuries are due to the facial trauma that she sustained on [REDACTED] as they are consistent with the nature of the trauma that she sustained. The damage and symptoms that I have listed could be longstanding or permanent.

Sincerely yours,

M.D.

M.D.
M.D.
M.D.
M.D.

Re:
D/A:

Dear

was initially seen in our office on [redacted]. According to the patient, she was apparently involved in a motor vehicle accident in which her car hit a metal rail. When her air bag deployed, it apparently ruptured and she sustained facial burns of her forehead, cheeks, eyelids and chin. She was seen by Dr. [redacted] for the eye care and was referred to our office for the rest of the injuries.

The dressings that were in place were removed. The areas were cleaned and the crusts were removed on [redacted]. She was given instructions at that point to use Silvadene with telfa pads on the cheeks and chin, and just the Silvadene on the forehead. She was also to use cold compresses.

The patient was next seen on [redacted]. At this point, there was significant improvement. The chemical burns were healing well. She was to continue her treatment with Silvadene on the left cheek and put Bacitracin only on the forehead and the right cheek.

The patient stated that her nose was very swollen and tender. There seemed to be some tenderness in the area of the right upper lateral cartilage. She was not sure whether she may have broken this at the time of the injury. She had a rather considerable amount of bruising in her neck area, which was felt to have come from the facial area.

Re:

- page 2

By , she was approximately 12 days since the chemical burns of her face and the areas were essentially healed. The areas were red. She was told to stop the Bacitracin and to start using sunscreen.

By ---, the patient was approximately 6 weeks following the injury. The forehead and right cheek still had a very slight pinkish color. The left cheek had a more significant redness and there was a small area of hypertrophic scar tissue in the mid portion of her cheek. She was instructed in massaging the area. She also described some funny feeling around her nose and upper lip area.

According to the patient, x-rays which were taken were normal and there were no fractures.

The patient was next seen on , approximately 2 1/2 months following her injury. She still had complaints of numbness in her upper lip and around the nasal tip area. She had complaints of pain and itching of her upper lids. The upper lids still had some swelling and redness. The forehead and right cheek were red. The left cheek was also red and still had some hypertrophic scarring. She was fitted with a silicone patch to use on the left cheek to try to help reduce the hypertrophic scarring.

By the left cheek was looking somewhat better and some of the redness and scar tissue had decreased. The patient complained of the same weird feelings and prickly sensations over her forehead, the nose, the upper lip and her eyelids. I could not be certain as to what was the source of this. I felt it might be related to the dryness of the area, or possibly the chemical propellant used in the air bag that caused the injury.

When Ms. was seen on she was coming along somewhat better. The lumpy scars that were present on the left cheek were flattened considerably with the use of the silicone gel pad. She still had a considerable amount of redness in the middle part of her face, on the cheeks, the middle half of her forehead, nose and chin area. The lateral cheeks, forehead and parts of the nose were paler. Additionally, she still had the prickly numb feeling periodically over her face.

Ms. was next seen on , because Dr. who she had seen suggested that she come back sooner than her scheduled appointment. Her complaints were essentially the same and I suggested that she use some cortisone cream, if necessary, to try to alleviate some of the discomfort and also some ice, if necessary.

Re:

- page 3

By . . . the patient was 10 1/2 months since the injury. The areas of the mid forehead, nose and cheeks still had a very pinkish/red quality, which continued to persist. She still had the itching and burning feeling occasionally. She was concerned because the findings had persisted for quite a period of time. I told her at this point I could not be sure how long this would last, or if it would, in fact, totally go away since we were dealing with a chemical burn, not a thermal type of injury. Possibly what would happen would be dependent more on the behavior of the chemical agent, rather than the normal experience with a thermal type of burn.

When Ms. . . . was last seen, as mentioned, she was 10 1/2 months from the accident and the acute injuries had subsided. She still had these persistent problems of redness and irritation, which presents itself in different ways, as mentioned in my notes.

The hypertrophic scarring that was present on the left cheek appeared to have subsided and I do not believe anything further needs to be done regarding this matter.

I will be following Ms. . . . for another 6 to 8 months. Hopefully, by that time we will see a significant improvement. If the redness and irritation continue, then it may represent a permanent finding. At this point I have no plans to perform any surgical treatment, but should the problems persist, we might want to try some mild superficial treatments to the face to see if we can try to alleviate some of her symptoms and reduce the redness.

Sincerely,

. . .
M.D.

REG DATE	ARRIVAL TIME	SEX	RACE	AGE	JFK CODE	MOTHER'S NAME
NAME	PHONE/SS#	TYPE				
ACCO	WORK					
VEH CAR NO	197 13:30	MVA TO BE EVALUATED			GROUP NAME	
INSURED'S NAME/INS/POICY #/COMMENT	GROUP NAME	INS. NAME/POICY #/COMMENTS	GROUP NAME			
OTHER - NO FAULT			DIRECT/SELF PAY NO ING INFO AVAIL			
PRIMARY PHYSICIAN REFERRING PHYSICIAN	CODE	PHYSICIAN'S NAME	NOT,	ALLERGIES	DENTED/DEVIT	

TIME NOTIFIED	PHYSICIAN NOTIFIED	TIME RESPON	COMMENTS	MED. CONDITIONS	CURRENT MEDICATIONS	LAST B/P	LAST TEMP	LAST PULSE	LAST RESP	LAST TANUS	LAST MENST
300	Silber	300				134/80	98.2	88	20		

HISTORY & PHYSICAL PHYSICIAN NOTES:

(S) Pt w/ no driver, sent bld on - Cm Skinner, Hit ground (r/n)
 a long fall - Trauma - chest pain (fractured clavicle) (broken arm)
 (P) Rhinorrhea + nose bleed (right nostril) (left nostril) (swelling)
 (P) Dry mouth + constipation (dry mouth) (constipation)
 (C) Chest x-ray (normal) (normal)
 (C) Eye - visual acuity (normal) (normal)
 (C) Ear - normal (normal)
 (C) Skin - small ecchymosis (small bruise)
 (C) Mouth - teeth (normal) (normal)
 (C) Abdomen - normal (normal)
 (C) Genitalia - normal (normal)
 (C) Rectal - normal (normal)
 (C) Genitalia - normal (normal)
 (C) Genitalia - normal (normal)

TIME ORDER	DIAGNOSTIC TESTS	RESULTS	TIME ORDER	DIAGNOSTIC TESTS	RESULTS
300	<input checked="" type="checkbox"/> CBC WBC 134 Hgb 144 HCT		300	<input type="checkbox"/> AMINOPHYLLIN LEVEL <input type="checkbox"/> DIGOXIN LEVEL <input type="checkbox"/> ABG <input type="checkbox"/> CARDIAC ENZYMES <input type="checkbox"/> BLOOD CYS <input checked="" type="checkbox"/> TYPE & CROSS / SCREEN <input type="checkbox"/> EKG <input type="checkbox"/>	
	<input type="checkbox"/> Lyles NA _____ K _____ CL _____ CO _____				
	<input type="checkbox"/> CREAT BUN				
	<input type="checkbox"/> GLUCOSE				
	<input type="checkbox"/> AMYLASE				
	<input type="checkbox"/> SMA-12				
	<input checked="" type="checkbox"/> U/A 1+ (dysuria)				
	<input type="checkbox"/> ALCOHOL LEVEL				
300	X-RAY ORDERS		300	RESULTS	
300	(1) Bilioradix		300	(1) Bilioradix	
300	(2) Facial bones		300	(2) Facial bones	
300	(3) CXR		300	(3) CXR	
300	(4) Serum Pro Lact		300	(4) Serum Pro Lact	
300	(5) Abdomen		300	(5) Abdomen	
300	DOCTORS ORDERS		300	DOCTORS ORDERS	
300	Td. Booskin -		300	Centrocare out Surgery for Fracture of right forearm	
	Tylenol gr 800				
	Tetraecin 10 mg				
	Inj. 1/2 - Dexam				
DISCHARGE CONDITION		DISPOSITION	DIAGNOSIS: (TENTATIVE/POST-OP)		FA C-A and RL CCRP
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> NO CHANGE	ADMITTED TO _____ PM _____			
<input type="checkbox"/>	<input type="checkbox"/>	TRANSFERRED VIA _____ TO _____			
<input type="checkbox"/>	<input type="checkbox"/>	HOME/HOSP			

DIVISION OF DIAGNOSTIC IMAGING

F /31

Dr.:
Loc:
Hospital #:
X-ray #:

Case #:

Exam Date: Date Printed:

Date Initially Printed:

STERNUM

The visualized bony outlines of the sternum and adjacent structures appear to be within normal limits. No evidence of radiographic abnormality is noted.

IMPRESSION: Normal study of the sternum.

M.D.

DIVISION OF DIAGNOSTIC IMAGING

F '31

Dr.:
Loc:
Hospital #:
X-ray #:

Case #:

Exam Date: [REDACTED]

Date Printed: [REDACTED]

Date Initially Printed:

RIGHT WRIST: AP, lateral and oblique.

There is no evidence of fracture or dislocation.

IMPRESSION: No evidence of fracture or dislocation.

I

M.D.

DIVISION OF DIAGNOSTIC IMAGING

F '31

Dr.:
Loc:
Hospital #:
X-ray #:

Case #: [REDACTED]

Exam Date: [REDACTED]

Date Printed: [REDACTED]

Date Initially Printed:

CHEST: AP, erect

There is no evidence of inflammatory disease, mass density, atelectasis, cardiomegaly or congestive failure.

IMPRESSION: No evidence of active pulmonary disease.

LEFT RIBS:

Bony outlines of the ribs demonstrate no evidence of fractures or other significant radiographic abnormality. No fracture of the ribs is noted.

IMPRESSION: Normal study of the left ribs. No evidence of rib fracture.

M.D.

DIVISION OF DIAGNOSTIC IMAGING

F '31

Dr.:
Loc:
Hospital #:
X-ray #:

Case #:

Exam Date: [REDACTED]

Date Printed: [REDACTED]

Date Initially Printed:

FACIAL BONES, RIGHT ORBIT, LEFT ORBIT :

The visualized facial bones are unremarkable. There is no evidence of significant abnormality. Bony structures and orbital contents, as visualized, appear to be within normal limits.

IMPRESSION: Normal study of the facial bones. Normal orbits.

M.D.

NAME
CLAS DUT
ACCT
AGE 061 Y
SEX F

D/A
LOC ER
TYPE OP
MR#
DOB
PHY

+++++ LEGEND +++++
X=REQUEST @=PICKED-UP ?=PENDING L=LO H=HI #=DELTA *=NEW [.]=OLD-VALUE r=REPEA

===== CBC & DIFFERENTIALS =====

STAT:

REFERENCE
TEST RANGE

WBC	3.3-11.0 thous	13.45 H
RBC	3.9-5.0 mills	4.46 -
HGB	11.6-15.6 gm%	14.4
HCT	37.0-47.0 %	43.1
MCV	79-99	96.7
MCH	26.0-32.6	32.3
MCHC	31.0-36.0	33.4
PLTS	130-400 thou	281
NEUT	44-88 %	78.4
LYMP	12-43 %	14.4
MONO	2-11 %	4.8
EOS	0-5 %	1
BASO	0-2 %	.4
LUC	0.0-5.0 %	1

===== URINALYSIS =====

STAT:

REFERENCE
TEST RANGE

PH	5.0-7.5	6.0
PROTEIN	-NEG	TRACE H
GLUCOSE UR	-NEG	NEG
KETONE	-NEG	1+ H
BILE	-NEG	NEG
OCC. BLOOD	-NEG	NEG
COLOR	-YELLOW	YELLOW
CLARITY	-CLEAR	CLEAR
SP.GRAV	-1.010-1.035	1.016
WBC/HPF	-0-5	5-9

(CONT.)

- PAGE 1 - MEDICAL RECORDS FINAL DISCHARGE SUMMARY

URINALYSIS

STAT:

REFERENCE
TEST RANGE

RBC/HPF	0-2	1-4
EPITH.	-0	5-9 H
BACTER	-0	1+ H
COMMENT	-NEG	SEE BELOW
UROBIL	-NEG	NEG

ID : TEST : COMMENT
PDAT : PTIM :

UROTHELIAL CELLS: 0-2 H

SUMMARY LOG

ID - *LOG

PICKUP
DATE TIME

UNITS

